



S N O W
Library
Established 1877

DISPLAY CASE REQUEST FORM

**PLEASE RETURN COMPLETED APPLICATION TO CIRCULATION DESK AT SNOW LIBRARY,
ATTENTION: LIBRARY DIRECTOR OR ASSISTANT DIRECTOR.**

PLEASE PRINT

Date: _____

Organization/Group Affiliation: _____

Contact Person: _____

Position: _____

Telephone Number: _____ E-mail: _____

Requested Month/Year for Display Case: _____

Please State Purpose for Use of Display Case: *(Please refer to Display Case Policy for information)*

EXHIBITORS ARE REQUIRED TO COMPLETE THE FOLLOWING:

I have read and understood the Snow Library Display Case Policy and forever discharge and release the Snow Library and the Town of Orleans; its employees, officers, agents, Board of Trustees, successors and assigns, from all claims, demands, damages, actions and/or causes of action which I may now have or may hereafter have arising out of my property of any kind being displayed at the Snow Library.

Signature of Exhibitor: _____ Date: _____

FOR OFFICE USE ONLY:

Received by the Library: _____

Date display is to be installed: _____ Date display is to be picked up: _____

adopted 12/2019

67 Main Street ♦ Orleans, MA 02653 ♦ 508-240-3760 ♦ Fax: 508-255-5701