## **Kingston Public Library Application to Exhibit**

Date:	Contact Phone Number: _	
Name:		
Organization:		
Address:		City:
Date to begin Exhibit:	Ending	g Date:
Description of Exhibit	<b>:</b>	
Brief Description of It	ems wished to be displayed:	
<b>Public Library, the Cit</b>	Whereby exhibitor underst y of Kingston, or staff is not i bited either in the display cas	responsible for damaged
(Exhibitor's/Per	son responsible signature)	_ Date:
(Library Staff M	ember – witness signature)	_ Date:
(Approval	by Library Director)	_ Date:

Exhibitor will be given of copy of this form, with the original being filed in the Exhibit Book at the Circulation Desk. Exhibitor will also be given a copy of the KPL Policy on Exhibits (KPLP\_16)

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