

**Wauconda Area Library**  
**Display Case Reservation and Agreement Form**

Applicant's Name and Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Organization (if sponsoring display) \_\_\_\_\_

Briefly describe the nature and purpose of the display:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month you wish to reserve display case: \_\_\_\_\_  
(Cases are booked by the calendar month only.)

I, the Exhibitor, have reviewed, understand, and agree to abide by the Wauconda Area Library Display Case Policy which governs the reservation and use of library display cases. I agree to assume responsibility for the display and to insure that it is mounted and removed on time and that its contents and design are consistent with the requirements and guidelines set forth in the above-mentioned policy.

I, the Exhibitor, agree that the Library accepts no responsibility for the theft or damage of any display exhibited at the Library, and certify that all persons submitting work for this display understand and agree to this waiver. I have read and will comply with the Library's Display Case Policy.

\_\_\_\_\_  
Exhibitor

\_\_\_\_\_  
Date

For Library Use:

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_ (over)