

## Exhibit Application & Release Form

Name of Applicant/Representative: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Desired space:  Community Room Gallery  Display Case  Other \_\_\_\_\_

Desired schedule of exhibit: \_\_\_\_\_

Description of Exhibit (*Please attach 2-4 sample images or links to samples*):

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

*In submitting this application, I attest that I have read and accept the terms of the Walter E. Olson Memorial Library's Displays & Exhibits Policy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **This form may be returned to the Library**

- In person
- By email: [director@olsonlibrary.org](mailto:director@olsonlibrary.org)
- By mail:  
Olson Memorial Library  
203 N. Main Street  
Eagle River, WI 54521

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**For Internal Use**

Date Received: \_\_\_\_\_

Exhibit Dates: \_\_\_\_\_ - \_\_\_\_\_

Installation Date: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

