

Display Case Application

Do you have a special collection you want to show off to the community? We'd love to display it at Galesburg Public Library. Please fill out the following information:

Name of collector:

Phone number:

Address:

Email:

Please describe your collection, including how big it is:

The public display case is available for one month at a time. Which month do you prefer to display your materials?

First choice: _____

Second choice: _____

Are you exhibiting original artwork that will be available for sale? _____

In order to display your collection, the library asks that you read and sign the following:

I, the undersigned, have received and read a copy of the Galesburg Public Library Display Case Policy. I acknowledge that the collection I am displaying belongs to me. I hereby loan my collection to Galesburg Public Library and I release Galesburg Public Library from responsibility for loss, damage, or destruction while the collection is being displayed at the library. I agree to pick up my collection within two days of the agreed upon end date.

Signature:

Signature of parent or guardian (if collector is under the age of 18):

Please return the application to:

Circulation Supervisor
Galesburg Public Library
264 W Main St
Galesburg, IL 61401
309-343-6118

For official use only

Display case application is
approved _____ denied _____

for the month of _____, _____.

Additional notes:

Circulation Supervisor Signature: _____ Date: _____