



Sycamore Public Library Second Floor Display Case

Name _____

Phone Number _____

Do you have a Sycamore library card? YES NO

Display contents description _____

Preferred display period _____

I understand that if I am selected to create a display, I am responsible for arranging my display contents in the allotted space. I agree to bring my display contents to Sycamore Public Library and to retrieve them at the agreed-upon date and time. I understand that the Library reserves the right to refuse displays based on potential interest and by content on a case-by-case basis. I understand that the Library and all staff are not responsible for protection of my display from damage or loss.

Signature _____

Date _____

Signature of parent/guardian (if age 12 to 18) _____

Time period scheduled: _____

Staff signature: _____

Date: _____