

**APPLICATION FOR USE OF DISPLAY CASE OR ART WALL
AT DELAFIELD PUBLIC LIBRARY**

NOTE: This is an application, not a reservation form. No plans should be made regarding the use of the display case or art wall until a written confirmation is received.

Name of Organization: _____

Description of Display: _____

Which space would you like to use? Art Wall Display Case

Contact Name: _____

Contact Email Address: _____

Contact Phone: _____

DATE REQUESTED:

Both the art wall and display case are signed out for one complete month at a time.

Month	Year

The undersigned agrees to comply with the Art Wall/Display Case policy (located at www.delafieldlibrary.org).

Signature: _____

Date of Application: ___ / ___ / _____

Please return completed application to the Delafield Public Library or email to delafieldlibrary@wcfls.lib.wi.us.

For office use only

Date Submitted: ___ / ___ / _____

Date Processed: ___ / ___ / _____

Approved: Yes No by _____

Confirmation Sent: ___ / ___ / _____ via Email Phone

Updated: 06/2015