

**WELLESLEY FREE LIBRARY  
APPLICATION FOR CHILDREN'S EXHIBIT SPACE**

Date of Application: \_\_\_\_\_

**Name and Age of Child:** \_\_\_\_\_

Please check if you are willing to have the first name and age of child displayed with the collection

Name of Supervising Adult: \_\_\_\_\_

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

\_\_\_\_\_

**Phone** (please specify cell/work/home): \_\_\_\_\_

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

**Name/Description** of Collection: \_\_\_\_\_

\_\_\_\_\_

Reserved months begin the 1st of the month and end the last date of the same month.

Please pick up your items within 5 days from the last date of the month or they will be disposed of. You will receive one reminder phone call.

Month/Year Applying for: \_\_\_\_\_

Display Case Requested (check all needed): Vertical  Horizontal—Top Shelf  Horizontal—Bottom Shelf

I do \_\_\_\_\_/do not \_\_\_\_\_ give permission for photo release.

Child's Signature: \_\_\_\_\_

Supervising Adult must sign below for the exhibit application to be processed. Please return the original application to the Children's Department of the Wellesley Free Library at 530 Washington St. Wellesley, MA 02482, or email application to [eweiler@wellesleyma.gov](mailto:eweiler@wellesleyma.gov)

Waiver: I have read and accept the terms of the Wellesley Free Library Exhibit Policy and I will abide by its guidelines. I understand that the exhibitor assumes all risks for damage to, loss of, or theft of any item or part of the exhibit.

Supervising Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use Only

Date Approved: \_\_\_\_\_

Name of Approver: \_\_\_\_\_

Date of Exhibit: \_\_\_\_\_

Notes: