Elkton Welcome Center, Inc.

EXHIBIT/DISPLAY TITLE_____

Dates of Exhibit/Display: _____

Please Print:

NAME: _____ PHONE: _____

ADDRESS (STREET): _____

CITY / STATE / ZIP: _____

EMAIL: _____

Date of Delivery:_____**Signed**:_____

ITEMS (list and/or describe your exhibit items and please add a short story that we can put on a card):

_____

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Please use the reverse of this form to add more detail – or print more forms and staple them together.

Responsible Volunteer:_____ Date:_____

Picked up/Returned to: _____ Date:_____

Thank you for participating with our community-built museum!

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Elkton, Virginia 22827

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WelcomeToElkton@yahoo.com