Yes, I want to share my collection with the Library!

Name: ________________________________________
Age: ______ Phone: ____________________________
Collection Name: ______________________________
Number of items: ______________________________
Why did you start collecting them?______________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Do you have a favorite? If so, which one?___________
___________________________________________________________________________________

Please include a photo of your collection, if you have one.

Thank you for your interest in sharing your collection!

If your collection is chosen for display, we will contact you at the phone number above. The collection must remain on display for a minimum of 2 weeks. The Children’s Department regrets that every child’s collection cannot be displayed due to limited space. Collections are chosen by committee. All decisions are final.