



Hallelujah Hats Exhibit Application

Thank you for your interest in hosting the Hallelujah Hats Traveling exhibit.

Please complete this form and return it with the supporting materials listed below.

Title of requested exhibit _____

Preferred dates for exhibit presentation _____

Name of borrowing institution _____

Address _____

City State Zip _____

Institutional contact person _____

Telephone number & email _____

