

COMMUNITY AIDS QUILT PROJECT

Display Responsibility Form

Group/Event _____

Organization _____

Address: _____

Telephone number _____ E-mail _____

Segments to be Displayed

Holders of the Quilt will accept full responsibility for any damages to the Quilt.

Display date: From _____ To _____

Condition: _____
On arrival: _____

On return _____

Responsible Party (print) _____

Signature _____

Witness _____

Dated this _____ day of _____ 20____.