



CUSTOMER BOOKING REQUEST FORM

PLEASE ALLOW 48 HOURS TO PROCESS YOUR ORDER

Name _____ Today's Date _____

Cell/Home Phone () _____ Work Phone () _____

Library Card # (Barcode) _____ Pin # _____

Pick-up Branch _____

Type of item to be booked *(use this list to fill in the type of material for each request below)*

Bi-Folkal Kits Program Accessories Puppets Puppet Shows Story Sets (Flannel, Magnetic, etc.) Theme Kits (LEAP)

Book Discussion Sets: Project READ Teen READ Adult Audio Book Large Print

LOAN PERIOD: Books – 6 weeks; Nonbook materials – 1 week

Item/Title _____ # of copies _____

2nd Choice _____ Type of material _____

Date Needed _____ *(Choose from the list of bookables above.)*

2nd Date Choice _____

Item/Title _____ # of copies _____

2nd Choice _____ Type of material _____

Date Needed _____ *(Choose from the list of bookables above.)*

2nd Date Choice _____

Item/Title _____ # of copies _____

2nd Choice _____ Type of material _____

Date Needed _____ *(Choose from the list of bookables above.)*

2nd Date Choice _____

Item/Title _____ # of copies _____

2nd Choice _____ Type of material _____

Date Needed _____ *(Choose from the list of bookables above.)*

2nd Date Choice _____

Item/Title _____ # of copies _____

2nd Choice _____ Type of material _____

Date Needed _____ *(Choose from the list of bookables above.)*

2nd Date Choice _____

Every effort will be make to place bookings for chosen dates, but there is no guarantee.

Please check your library account to verify bookings were able to be filled.

Date Materials were Booked _____ By (Staff Member Initials) _____