

Book Buddy Program - Application Form

Name	
Address	
Date of Birth	Email Address
Home Phone	Cell Phone
Library Card Number	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Emergency Contact Person (name and phone)	

Special Instructions

Please check any or all that apply:

- I can only read large-print books
- I prefer large-print books, but I will accept regular-print if necessary
- I prefer paperback books
- I can't hold heavy books
- I would like audio books, when available. I have a CD player to play them.
- I would like video items, when available. I have a DVD player to play them.
- Other instructions:

Delivery Instructions

Please check any or all that apply:

- I would like a phone call prior to delivery
- I am hard of hearing; please knock loudly/ring bell several times
- I am slow to answer the door
- I have a security alarm
- I have a pet: dog cat other
- Other instructions:

How did you hear about this program?

I agree to abide by the terms of the Book Buddy Program. I assume full financial responsibility for any materials I receive. If any materials are lost or damaged, I agree to pay replacement costs to the Library.

(Signature)

(date)



County Executive Matthew Meyer
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