

Bacon Memorial District Library Home Delivery Application

Participant Information:

Name: _____

Address: _____

Phone: _____

Email: _____

I am unable to come to the library because of (check one):

_____ Age related issues _____ Illness or disability _____ Other: _____

Emergency Contact Person(s):

Name(s): _____

Phone/Email: _____

Relationship: _____

Authorized to get information about account (Initial) _____ Yes _____ No

Library Card Information:

_____ I have a library card. My number is _____

_____ I don't have a library card yet. Please contact me about setting up a card.

By my signature below, I hereby agree to hold harmless and release Bacon Memorial Library, its officers, agents, employees, and representatives from any loss, liability, claim, suit or judgment that may arise out of or in conjunction with the Library Home Delivery service. Further, I understand that any problems or conflicts with the service are to be reported to the Home Delivery Coordinator or the Library Director. I also understand that I may become ineligible for this program if I do not abide by the guidelines set forth.

Signature of participant: _____

Reading Interests (circle all that apply):

Romance	Classic Literature	Mystery	Christian	Science Fiction	
Westerns	Poetry	Biographies	History	Philosophy	Fine Arts
Religion	Travel	Self Help	Other: _____		

Formats (circle all that apply):

Books	Large Print	Regular Print	Paperback
Movies:	Videocassettes	DVDs	BlueRay
Music/Audiobooks:	CDs	Audiocassettes	Playaways