

Book Club Kit Registration Form



date _____

Club Information

book club name _____

pick up branch _____

book club meeting dates: 1st 2nd 3rd 4th 5th Mon Tue Wed Thu Fri Sat Sun

primary contact _____
last first middle

address _____
street or PO box apt.#

city/state/ZIP _____

library card barcode _____ email _____

alternate contact _____
last first middle

address _____
street or PO box apt.#

city/state/ZIP _____

library card barcode _____ email _____

To help us help you, please give a brief description of your group. For example: We only read thrillers with underworld characters who wear designer clothes.

By signing below, you agree: 1) kits will only be checked out to the people listed above; 2) that person is responsible for the book club kit; and 3) to pay a \$100 charge if the kit is returned damaged or incomplete.

name: _____ date: _____

signature: _____ date: _____

Book Requests

Please list titles and alternate titles that your book club would like to read. A proposed schedule will be sent to you for review.

title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
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title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____
title _____	author _____

Submit this form to Book Club Kits, 100 Rock Street, Little Rock, AR, 72211; bookclubkits@cals.org, or to the circulation desk at your preferred branch.

