

Card # \_\_\_\_\_  
Service Began \_\_\_\_\_



## OUTREACH LIBRARY SERVICE APPLICATION

Name of Institution \_\_\_\_\_

Classroom Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Director \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Additional Classroom Names \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE READ AND SIGN

In signing this application, I recognize that the institution or school listed above will be financially responsible for all materials borrowed on these library cards. I further recognize that my signature on this form indicates that I have the authority to commit the school/institution to this financial responsibility.

\_\_\_\_\_  
Signature & Title of Applicant

\_\_\_\_\_  
Date

Return completed and signed form to:

Outreach Services  
outreachservices@delawarelibrary.org  
Delaware County District Library Orange Branch  
7171 Gooding Blvd.  
Delaware, OH 43015  
740-549-2665