

Barcode: 24388_

Walla Walla County Rural Library District LIBRARY CARD REGISTRATION FORM Child (under age 18)

Child's PERSONAL INFORMATION

Last Name	First Name	Preferred na	Preferred name (optional)	
Birth Date: / MM DD	/			
Parent or Guardian's PERSONAL IN	FORMATION (Please present identification	on with your current address.)	
LastName	First Name	ame Preferred Name		
Parent or Guardian's MAILING A	ADDRESS			
Street or PO Box	City	State	Zip Code	
Parent or Guardian's RESIDENTIAL	ADDRESS Same	Same as Mailing Address		
Street Address	City	State	Zip Code	
CONTACT INFORMATION				
Primary Phone	Alternate Pho	Alternate Phone		
	hen items are overdue or available for	pick-up)		
Check this box to sign up RESPONSIBILITY STATEMENT	for monthly email newsletters.			
verify that the information on the on this form. I agree to take full reshild's possession and to pay all contains the failure to follow library rules ules and library materials are gow Valla Walla County Rural Library understand that, according to the esponsible for restricting library	is form is correct and that I am the legesponsibility for keeping library materiosts and/or service charges for materiomay result in monetary charges and/or verned and protected by State law. I applicately a possible control of the	ials in good condition while ials that are lost or damage or suspension of library pringree to use and to oversee als according to the Patronary Bill of Rights, library state. If I wish to restrict this chi	e they are in this ed. I understand vileges. Library this child's use o Code of Conduct ff are not	
Signature of Parent or Guardian <i>(rec</i>	quired)	 Today's Date		
STAFF USF ONLY Registered at: Bur		`ollege Place Bookmobil		

| Registration date: __

Staff Initials: