Lincoln Parish Library
enrich - inspire - educate

LINCOLN PARISH LIBRARY OUTREACH SERVICES REGISTRATION FORM

Contact Information

Name: _____

Street Address: _____

_____

Phone Number: _____

---------- Optional ----------

Alternate Contact: _____

Relationship: _____

Material Preferences

Books:	[ ] Large Print Fiction	[ ] Large Print Nonfiction
	[ ] Regular Print Fiction	[ ] Regular Print Nonfiction
Audiobooks:	[ ] CD	
Movies:	[ ] DVD	[ ] Videocassette

How many items would you like to receive once every two weeks?

Books: _____ Audiobooks: _____

Movies: _____

List favorite authors, book or movie genres, notes, or special requests:

_____

_____

_____

_____

_____

_____

Notice

I am a resident of Lincoln Parish, Louisiana, and I understand that outreach services are offered only to patrons who are homebound due to age, illness, or disability. I meet the requirements to be an outreach patron so that services can begin as soon as possible.

Signature: _____ Date: _____