

LINCOLN PARISH LIBRARY OUTREACH SERVICES REGISTRATION FORM

Contact Information

Name: _____

Street Address: _____

Phone Number: _____

Alternate Contact: _____

Relationship: _____

Material Preferences

Books: ___ Large Print Fiction ___ Large Print Non-Fiction ___ Regular Print Fiction ___ Regular Print Non-Fiction	Audiobooks: ___ CD
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Movies: ___ DVD ___ Blu-Ray	Magazines: ___
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How many items would you like to receive once every two weeks?

Books: ___ Audiobooks: ___ DVD/Blu-Ray: ___ Magazines: ___

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 services can begin as soon as possible.

Signature: _____ Date: _____