



Welcome to the Daniel Boone Regional Library

Library Card Application For Minors

For patrons under the age of 18. Please print clearly.

Name _____
Last First Middle Initial

Birthdate ____ / ____ / ____ Male Female
m m d d y y y y

Street Address

(Street, Route, Apartment Number, etc.)

City County

ZIP Code

Other Contact Information

Primary Phone (____) ____ - ____

Alternate Phone (____) ____ - ____

How would you prefer to be notified of overdues, holds, bills, etc.? (check one) E-mail Standard Mail

E-mail _____

Parent or Guardian

Name _____
Last First Middle Initial

Parent/Guardian Library Card Number 2 1269 _____

As a parent or guardian of the above applicant, I understand and agree that I am responsible for the selection, use and return of library materials assigned to this card. I also understand that I am responsible for the information accessed on the Internet by my child and that DBRL does not utilize filtering software. Library staff can instruct patrons in how to use a filtered search engine upon request.

Signature _____ Date ____ / ____ / ____

LIBRARY USE ONLY

Brochure given Mail Date ____ / ____ / ____ Staff Initials ____

Card # 2 1269 _____ Comments _____