



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

## KIDZ KRATEZ SERVICE APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Room \_\_\_\_\_

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

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

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

Reading Level: Juvenile: \_\_\_\_\_ Tween: \_\_\_\_\_ Young Adult: \_\_\_\_\_

Age Range of Children: \_\_\_\_\_ Gender of Children: \_\_\_\_\_

### Materials Requested:

\_\_\_\_\_ **BOOKS**  
Number per month \_\_\_\_\_

Genre(s): \_\_\_\_\_ Fantasy \_\_\_\_\_ Adventure  
\_\_\_\_\_ Mystery \_\_\_\_\_ Westerns  
\_\_\_\_\_ Sci-Fi \_\_\_\_\_ Biographies  
\_\_\_\_\_ Non-Fiction \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Favorite Authors/Notes: \_\_\_\_\_

\_\_\_\_\_ **AUDIOBOOKS**  
CDs \_\_\_\_\_  
(please indicate number)

Genre(s): \_\_\_\_\_ Fantasy \_\_\_\_\_ Inspirational  
\_\_\_\_\_ Mystery \_\_\_\_\_ Westerns  
\_\_\_\_\_ Sci-Fi \_\_\_\_\_ Biographies  
\_\_\_\_\_ Non-Fiction \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ **MOVIES**  
DVDs \_\_\_\_\_  
(please indicate number) G \_\_\_ PG \_\_\_ PG13 \_\_\_

Genre(s): \_\_\_\_\_ Family \_\_\_\_\_ Non-Fiction  
\_\_\_\_\_ Television \_\_\_\_\_ Other \_\_\_\_\_

### \_\_\_\_\_ **MAGAZINES**

Return completed form to:

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

Special Notes (For Office Use Only):

Crate(s) \_\_\_\_\_ Bag(s) \_\_\_\_\_