



Delaware
County District
Library

www.delawarelibrary.org

Card # _____
Service Began _____

KIDS CRATES 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 / 740-548-1660
 outreach@delawarelibrary.org
 Delaware County District Library Orange Branch
 7171 Gooding Blvd., Delaware, OH 43015

Special Notes (For Office Use Only):

Crate(s) _____ Bag(s) _____