

HOME DELIVERY ENROLLMENT FORM



Date: _____ Birth Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Additional Contact: _____ Phone: _____

Best time to reach you: _____

Deliver materials to (check one):

Front door _____ Front desk _____ Other (Please specify) _____

Is it ok if we capture your reading history for selection purposes? (yes or no): _____

Total number of items you would like each month: _____

Number wanted of each (put this number on the blank before each type of item):

_____ Music CDs Genre _____

Author/Composer/Singer _____

_____ DVDs Genre _____ TV Series _____

_____ Magazines Genre _____

Title(s) _____

_____ Puzzles (If you want a puzzle, put the approximate # of pieces you want on the blank.)

(Check all themes that apply): ☐ Nature ☐ Country/Farm Life ☐ Pets
☐ Color ☐ Retro Images ☐ City Skylines

_____ Books (Circle 1): Reg. Print ___ Large Print ___ CD book ___ Paperbacks ___ Large Print and CD book

_____ Fiction (check genres): Classics _____ Science Fiction _____ Romance _____
Fantasy _____ Suspense _____ Mystery _____

Please list specific Authors: _____

_____ Non-Fiction: Genre/Subject _____

Questions? Call the library at **262-785-4980** and speak to Julie, Jen, or Laura.

Library Hours: Mon—Thurs 9-9, Fri—Sat 9-5, Sun (Sept.—May) 1-4