STOW-MUNROE FALLS PUBLIC LIBRARY TRIP KIT FORM

PARENT NAME___________________ PHONE______________________________
CHILD’S NAME___________________ AGE_____ GRADE _____
DRA READING LEVEL/LEXILE ____________________
LIBRARY CARD NUMBER TO BE USED _____________________________
DATE TO BE PICKED UP__________MORNING__________AFTERNOON_______EVENING______
IF YOU NEED MORE THAN TWO WEEKS, PLEASE INDICATE DATE:_____________

TYPES OF MATERIAL YOU WANT IN YOUR PERSONALIZED TRIP KIT:

YOUR TRIP DESTINATION(S) ______________________________
FAVORITE BOOKS YOU HAVE READ
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
FAVORITE CHARACTERS (BOOK OR TV): _______________________
________________________________________________________________________________________
________________________________________________________________________________________
SUBJECTS YOU WOULD LIKE TO READ ABOUT:
________________________________________________________________________________________
________________________________________________________________________________________
SPECIFIC TITLES (SUBJECT TO AVAILABILITY)
________________________________________________________________________________________
________________________________________________________________________________________

CIRCLE THE FORMAT(S) YOU WOULD LIKE:
BOOK ON CD MUSIC CD PLAYAWAY PLAYAWAY VIEW PLAYAWAY LAUNCHPAD

WOULD YOU LIKE ANY OF THE ABOVE FORMATS PAIRED WITH THE CORRESPONDING BOOK?

STAFF

STAFF MEMBER COMPLETING REQUEST ____________________________ DATE ______
SENT TO CIRCULATION ON ____________________________ DATE