

Book order form

Reading group name:*

Contact details (Fields marked with * must be completed).

Please always provide 5 more titles regardless of whether you are booking for 1 month or 12 months in advance, in order to enable us to meet your choice.

Library card number:				
Name:*				
Town:*				
Email:				
Collection dates Titles are available to b We cannot undertake t		-		imum of 1 month's notice.
Collection date 1:	Collection	on date 2:	Collection date 3:	Collection date 4:
Collection date 5:	Collection	on date 6:	Collection date 7:	Collection date 8:
Collection date 9:	Collection	on date 10:	Collection date 11:	Collection date 12:
Library to collect	books fro	om:*		
Author		Title		



continued...

Author	Title
□ Please tick the box if you do not activities or other information.	wish to receive library related new services, upcoming events and
I agree to the booking conditions*	Signature