

Application for Youth Library Card

(Valid at both Kate Love Simpson Library locations)

Please Print Clearly

Date _____

Name of Youth _____
Last First Middle Initial

Mailing Address _____
City State

Zip Code _____ Preferred Phone Number () _____

E-mail address _____

Would you prefer to receive library notices by:

Mail Phone Email Text Message Email & Text Message

Complete Birth Date _____ month/day/year

I accept full responsibility for the care of all materials borrowed with this library card. I agree to obey all rules of the library, to pay for damaged and/or lost item fees charged to my library card and to give prompt notice of loss of the card or of any change to my address or phone number to KLS.

☆ Print Parent/Guardian Name _____

☺ Parent/Guardian Signature _____

☺ Parents, please fill out the back of this page for movie and Internet options & policies. ☺