

Book Voyagers

Library Interest Form – Summer, Fall & Spring

Library: _____

Address: _____

Contact person: _____

Telephone: _____ Email: _____ FAX: _____

Season Preference(s)

Summer (June-August)	____ 4 session series	____ 1 session discussion
Fall (September-December)	____ 4 session series	____ 1 session discussion
Spring (February-May)	____ 4 session series	____ 1 session discussion

Season --- please make copies for each season you select.

Select 2 themes in order of preference from the Book Voyagers Catalog. Cite by page number.

1st Choice-Series/Title Name: _____

2nd Choice-Series/Title Name: _____

Please give two sets of dates to allow us flexibility in assigning your discussion leader. For optimal continuity, please space your programs 1-2 weeks apart, depending upon the length and complexity of the books.

First choice of dates:

1. _____
2. _____
3. _____
4. _____

Day of Week: _____

Time of Program: _____
(allow 1 hour)

Second choice of dates:

1. _____
2. _____
3. _____
4. _____

Day of Week: _____

Time of Program: _____
(allow 1 hour)

Information for your custom flyer:

Please fill in the following information:

Library Name/Program Location: _____

Street Address: _____

The number the public should call for more information _____

Pre-Registration Required ___ Yes ___ No

If you would like more than 100 flyers, additional copies may be ordered NOW at the cost of 100 flyers for \$16.00. Please put the number of additional flyers needed here: _____

Please Return Form(s) ASAP