

# **Tween Book Club**

Name: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_

May Bossard Memorial Library contact you about meeting details, cancellations, and updates?

YES    NO

Parent/Guardian's Printed Name:  
\_\_\_\_\_

Return this completed form to Linzie at Bossard Memorial Library!

# Permission Form

1, (print parent/Guardian's Name) :

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Grant permission for (print Tween's name):

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To participate in the Bossard Memorial Library's (BML) Tween Book Club and acknowledge that:

-- I have completed the BML Tween Book Club membership registration.

-- I understand the books will be selected based on the suggestions of the members in the book club. Bossard Memorial Library reserves the right to approve the final selections.

-- I understand that a variety of content will be discussed in the BML Tween Book Club. I know that it is my responsibility to know what my child is reading and will respond as I see fit.

-- I am familiar with Bossard Memorial Library policies.

-- I understand that snacks will be offered at the meetings. Parents/Guardians/Participants must be mindful of allergens.

-- I consent that pictures taken of my tween as a book club participant may be used in library press or media.

Parent/Guardian Signature:

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For more information, please call Linzie at 740-446-7323 or email her at [LCausey@bossardlibrary.org](mailto:LCausey@bossardlibrary.org)