

TWEEN BOOK CLUB REGISTRATION FORM

Name: _____

Age: _____

Address: _____

Phone # _____

E-mail Address:

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

Yes

No

Parent/Guardian's printed name:

**Return this completed form to
Rachael Barker at Bossard Library.**



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PERMISSION FORM

I, (print parent/guardian's name):

Grant permission for (print tween's name):

To participate in Bossard Library's Tween Book Club and acknowledge that:

- I have completed the Bossard Library Tween Book Club membership registration.
- I understand some books will be selected based on the suggestions of the members in the book club. Bossard Library reserves the right to approve the final book selections.
- I understand that a variety of content will be discussed in the Bossard Library 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 Library's policies.
- I understand that snacks will sometimes 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:

For more information, please call Rachael at 740-446-7323 or e-mail her at RBarker@bossardlibrary.org

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