

WATERTOWN PUBLIC LIBRARY BOOK BAG APPLICATION



SCHOOL/ORGANIZATION INFORMATION

Educator Name: _____ Grade Level: _____

School/Organization: _____

If you have an existing teacher account, please skip to Section C

Address: _____

Phone: _____

Email: _____

BOOK BAG INFORMATION

1. Would you prefer your book bag prepared: Monthly Weekly As needed

2. Number of books needed per bag: _____ (max of 30)

3. Would you like us to include books that are not related to your theme if we have a limited selection on that topic? Yes No

4. Please check the material types you would like to receive:
 Fiction Non-fiction Early Readers DVD's Audio CD's

5. Start & End Date: _____

6. Any specific information or instructions: _____

I have been given a copy of the Watertown Public Library Book Bag Policy. I will be responsible for all charges incurred for lost or damaged materials which have been checked out for me on this account. I agree to abide by the rules and policies of the Watertown Public Library.

Educator's Signature: _____ Date: _____