



REGISTRATION FORM

CHILD'S NAME _____
last first middle initial

CHILD'S BIRTHDATE: _____ **
day / month / year

CHILD'S SCHOOL (if not a Penticton resident) _____

PARENT'S NAME _____
last first middle initial

STREET ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE _____ WORK PHONE _____

HOLD/OVERDUE NOTIFICATION (please choose one): PHONE EMAIL

EMAIL _____
(If it is the better way to contact you)

As a parent or guardian, I accept full responsibility for the type of material borrowed on this card.

I agree to comply with the rules of the library and to be held responsible for any lost, damaged or overdue books or materials borrowed with this card.

Signature of Parent or Guardian

** Due to privacy regulations, when the child turns 18, they become solely responsible for their cards.

785 Main Street, Penticton, B.C. V2A 5E3 Telephone: (250) 770-7781
Fax: (250) 770-7787 Email: library@summer.com
www.pentictonlibrary.ca