



SARATOGA SPRINGS PUBLIC LIBRARY
49 Henry Street, Saratoga Springs, NY 12866
Phone: 584-7860
www.sspl.org

Reading Group Kits User Registration

Date: _____

Group: _____

Group's Address (if any): _____

Group's Phone (if any): _____ Extension: _____

Contact Person: _____

name

address

phone

e-mail (if any)

The undersigned acknowledges receipt of the written rules and regulations regarding use of the library's reading group kits, and agrees to adhere to these procedures.

The undersigned is aware of the library's right to give the name, phone number, and address on file to any individual inquiring about kits on hold for the undersigned.

signature