

# JUNIOR LIBRARIAN

Application



**RIVER FALLS  
PUBLIC LIBRARY**

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

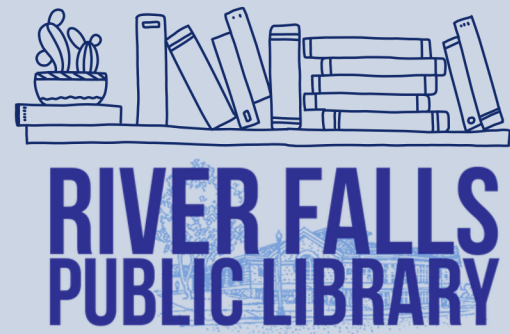
## Books You Would Like to Put on Your Display

TITLE	AUTHOR
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____

Additional books may be written on the back of this form.

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## Additional book titles

TITLE	AUTHOR
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____

## Permissions

Provide your contact information so we can let you know when your child's list is on display. A photo is not required for this display.

Contact name: \_\_\_\_\_

Contact phone or email: \_\_\_\_\_

I give the Library permission to use my child's photo **ONLY** at the library.

I give the Library permission to use my child's photo at the library and online.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_