• • •	cation Juvenile Form (under 18) C st Have Their Own Library Card**	Card #	
	First	Middle	
Mailing Address:			
City	State	Zip	
	e: Cell Phone:		
Works Hone.	nale Date of Birth:		
	y Resident? NonResident: Visitor (Phone: E-Mail: E	·	
	(if different from above)		
City	State	Zip	
with this card, fines incu	t sign for children under 18; I agree to be re rred and payment for lost or damaged mater ade by this person including access to the Inte	rials: I accept responsibility for the	
Printed Name of Parent:	Signatur	Signature of Parent:	