

## **Book Club Registration Form**

Name of Book Club:				
Book Club Membership Numbe	r:			
Coordinator Name:				
Contact No:				
Address:				
Email:				
Alternative Contact:				
Contact No:		Email:		
Nominated Pickup Library:	Braidwood	Bungendore	Queanbeyan	
Please note: All books will be delivered collection by coordinator or nominated complete.				
As Book Club Coordinator I agre I am a member of the Queanb I am over 18 years of age. I will coordinate the time, venu I will register the Book Club an	eyan-Palerang Lil	braries. or the Book Club.		
<ul><li>person.</li><li>I will provide a list of titles requ</li><li>I will pick up and return complehours.</li></ul>	•	•		
<ul> <li>I will take responsibility for any items</li> </ul>	lost or damaged	books and organise	payment for the	
<ul> <li>I am responsible for the Book presented when borrowing Book replacement card if the card is longer</li> </ul>	k Club Kits. I will a			
I will advise the Library of any	changes to the co	oordinator or other co	ontact details.	
Signature:		Date:		



## Dates of meetings 20\_\_

Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec

## Titles selected for 20\_\_

	Kit Title	Kit Author
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

## Office Use Only

Book Club Barcode:	Coordinator Membership Number:	
Selections Recorded (date):	d (date): Confirmation e-mail to Book Club Coordinator (date):	