

Battle of the Books

"Youth Athletic Reading Initiative"



In Partnership With



Card Application

Card is valid with PARD membership for **BOOK CHECK OUT ONLY**. Visit Library for membership rules.

League _____ Team Name _____ Card Expiration: **10/20/2018**

Student Name _____
Last First MI

Parent Name _____
Last First MI

Mailing Address _____
Street or P.O. Box Apt.

City State Zip

Email Address _____ Home Phone (____) ____ - _____

Student D.O.B. ____/____/____ Driver's License No. _____
MM DD YY

Borrower's agreement

I agree:

- To be responsible for all materials borrowed with my child's card.
- To pay all fines and fees associated with my child's card.
- To report change to my child's account information.
- To report the loss, theft, or abuse of my child's card immediately. I understand that I am responsible for any items checked out on my child's card prior to being reported as lost.

I agree to the borrower's agreement and take total responsibility of my students actions

Library Personnel Only:

Card Number _____

Parent/ Guardian Signature:

X _____

Date _____