



PROGRAM/TOUR REQUEST FORM

Location of Visit:

\_\_\_ Main Library \_\_\_ Bolivar \_\_\_ Strasburg \_\_\_ Sugarcreek \_\_\_ Tuscarawas \_\_\_ Your Location

Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternative contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requested date of program: \_\_\_\_\_ Requested time: \_\_\_\_\_

Number attending: \_\_\_\_\_ Age/Grade if applicable: \_\_\_\_\_

Type of Visit:

- \_\_\_ Behind the Scenes Tour \_\_\_ Outreach Visit
\_\_\_ Book Talk \_\_\_ Research Instruction
\_\_\_ Craft Activity \_\_\_ Story/Storytelling Program
\_\_\_ Databases \_\_\_ Technology Instruction
\_\_\_ Digital Collection \_\_\_ Tour
\_\_\_ Genealogy Instruction \_\_\_ Special (explain)
\_\_\_ MakerSpace Instruction
\_\_\_ Mobile Device Assistance

Should the visit focus on a particular topic or subject matter? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any other special requests for the visit and/or do any of the individuals have special needs that we can work to accommodate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will the group need library card applications? \_\_\_ Yes \_\_\_ No

Will the group be checking out library materials? \_\_\_ Yes \_\_\_ No

Two weeks is preferred and one week is required when making request.

Tour/Visit Confirmed by Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you — a staff member will be in contact with you as soon as possible.

You may drop off, email, or fax your completed form to your library. Email: tcplevents@tusclibrary.org or fax to 330-364-8217.