

## PROGRAM/TOUR REQUEST FORM

Location of Visit:			
Main Library Bolivar Strasburg	Sugarcreek Tuscaraw	as Your Location	
Organization:			
Contact person: Pho		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 Book Talk Craft Activity Databases Digital Collection Genealogy Instruction MakerSpace Instruction Mobile Device Assistance  Should the visit focus on a particular topic or subject mat  Are there any other special requests for the visit and/or caccommodate?	lo any of the individuals have s	Program tion	
Will the group need library card applications?		Yes No	)
Will the group be checking out library materials?		Yes No	o
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.