## PATRON REGISTRATION FORM

All information on this form will be kept strictly confidential. Please print clearly.

Member Type:	Minor? Internet Access?		□ No □ No		
Account Password: Last Name: First Name: Middle: Preferred:	DVD Checkout?			- TO BE FILLED OUT BY STAFF	
Address:					
Phone: ()	<u>@</u> /				
	aburse the Library for	all reasonable		e Holdrege Area Public Library, to the iated with repair or replacement for	
Applicant Signature		Dat	te		
Signature of Parent/Guardian		Prin	Printed Parent/Guardian		
check out DVDs. I als material on the Intern	guardian of the mino so agree that they will set or contained on D	abide by all ot VDs may be ol	below, I agre her rules pos bjectionable,	OR ee that the minor may use the internet and/or sted for Internet use. I understand that some but I accept the responsibility and agree to dependently and/or check out DVDs.	
Signature of Parent/C	Guardian	Prin	nted Parent/	Guardian	
		Office U	Jse Only		
Driver's Licens Barcode #	se #		_ Date En	tered/	