

What do you like to READ?

READING LEVEL: _____

Do you want fiction books:

Yes No

Do you want nonfiction books:

Yes No

List any favorite authors or book series:

List any favorite movies, music, or magazines:

List any specific requests:

POSTAGE
REQUIRED

To:
Calcasieu Parish Public Library
Maplewood Outreach Center
91 Center Circle
Sulphur, LA 70663



A service of the Calcasieu Parish Public Library

For Kids!



*A FREE library
delivery service
to those who qualify!*

For more information contact:

Maplewood Outreach Center

91 Center Circle
Sulphur, LA 70663

(337) 721-7148

Library2go@calcasieulibrary.org

www.calcasieulibrary.org

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What is Library To-Go?



Library To-Go of the Calcasieu Parish Public Library provides free delivery to homebound individuals who are unable to visit a library location due to age, illness, or disability.

Library To-Go users can check out a variety of library materials, including books, audiobooks, CDs, DVDs, and magazines. Personalization is a key aspect of this service, and library staff will work with each person to meet their interests and needs.

To apply fill out this application, tape it closed, and drop it in the mail. You may also bring it to the nearest library. Once the application is received, we will contact you to schedule. Please call 337-721-7148 if you have questions or need help with the application.

***Child must be a Calcasieu Parish resident to qualify.**

NAME: _____

PARENT/GUARDIAN NAME:

Please tell us about yourself...

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

EMAIL: _____

D.O.B.: _____

LIBRARY CARD#: _____

(if you do not have a card, one will be issued to you—a parent must have a library card in good standing to qualify a child for a library card)

REASON(S) YOU NEED HOME DELIVERY:

Materials are delivered monthly. How many items would you like included in each delivery? _____



Materials are delivered by library staff to your front door or through the mail by your mail carrier (limit of 5 items at a time with mail option). Choose which option you prefer:

By library staff

By mail

FORMAT (circle all that apply):

Books Launchpads DVDs

Board books Playaway Views CDs

Audiobooks Vox Books Magazines

EQUIPMENT (circle all that apply):

CD player (for use with audiobooks)

Page magnifier

EMERGENCY CONTACT PERSON:

(list someone with a different phone number from you)

NAME: _____

PHONE: _____

I agree to accept responsibility for all materials and resources checked out from the library. (Parent/guardian signs)

SIGN: _____

DATE: _____