

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 and series:

List any favorite movies, magazines and music:

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 personal delivery service 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 enroll:

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 discuss specifics. Please call 721-7148 if you have questions or need help with the application.

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

Please tell us about yourself...

NAME: _____

PARENT OR GUARDIAN NAME:

ADDRESS: _____

CITY: _____

ZIP CODE: _____

PHONE: _____

EMAIL: _____

BIRTHDATE: _____

LIBRARY CARD # _____

(If you do not have a library card, one will be issued to you - a parent or guardian 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? _____

FORMAT: *(circle all that apply):*

Books Launchpads DVDs
Boardbooks Playaway Views CDs
Audiobooks Vox Books Magazines

EQUIPMENT AVAILABLE TO CHECK OUT:

(circle all that apply)
CD Player (for use with audiobooks)
Full Page magnifier

EMERGENCY CONTACT PERSON:

(Please 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: _____

