

Welcome to the Daniel Boone Regional Library! This application is for patrons under the age of 18. The library will not share or distribute your personal information. PLEASE PRINT CLEARLY.

Name Last			
First	Middl	е	
➤ Birthdate/		e	
➤ Street Address			
(Street, Route, Apartment Number, etc.)			_
City	County (Boone, Callaway, e.g.)	ZIP Code	+4 (if known)
➤ Other Contact Information			
Primary Phone	Alternate Phone		
How do you prefer to be notified of overdues, hold	ds, etc.? (check one) C Email C	Standard Mail	
Email			
► Parent or Guardian (One parent or guardian is requ	uired to sign. You may also add another p		
Name Last			
First		e	
Parent/Guardian Library Card Number 2 1269			
➤ Signature		Dat	e/
As a parent or guardian of the above minor applicant I acknowled materials checked out to this account. I further acknowledge, un or returned damaged. In addition, I acknowledge and understance account may be referred to a third party for collection, and I further	dge, understand and agree that I am responsible derstand and agree that I may be charged the re I that if my account becomes overdue to the poi	for the selection, use and placement cost for any it nt that I am billed for unre	d return of library ems not returned eturned items, my
I also understand that if my account is so referred to a third party borrowed or used by me, which would otherwise be confidential section 182.817 of the Missouri statutes can be released to the th have under such section of the Missouri statutes or otherwise to	to me and protected from disclosure without be hird party or to the court in connection with the	enefit of a court order, as p	provided for by
I also understand that I am responsible for the information accessuse filtering software. Library staff can instruct patrons in how to		the Daniel Boone Region	al Library does not
▶ Optional Second Parent/Guardian Last Name			
First	Middle		
Library Use Only Brochure given N	Mail Date/	Staff Initials	
Card # 2 1269	Comments		
	Comments		