



Library Visit Request

Name of Group: _____

Name of Contact Person: _____

Contact Phone Number & Email: _____

Date request is made: _____

Date of visit: _____

Time of visit: _____

Length of visit: _____

Group Size: _____

Age/Grade of Children: _____

What does group want from their visit (please circle all that apply):

Tour Storytime Research Library Resources Other (please describe)

If a storytime or other program is requested, does the group want it to have a specific theme? If so, please describe:

Does group need library cards? (Please circle) Yes No

When parents or guardians fill out the library card application, please have them include their ID information.

For staff only:

Staff Member receiving request & date: _____

Can request be accommodated? (Please circle) Yes No

Staff member facilitating visit: _____

Group leader has been contacted that:

- Visit has been confirmed.
- Visit cannot be accommodated at this time.

(Staff member initial & date) _____

Please return to:

Dover Public Library, Youth Services Department, 35 Loockerman Plaza, Dover, DE 19901
(302)736-7030 or FAX (302)736-5087