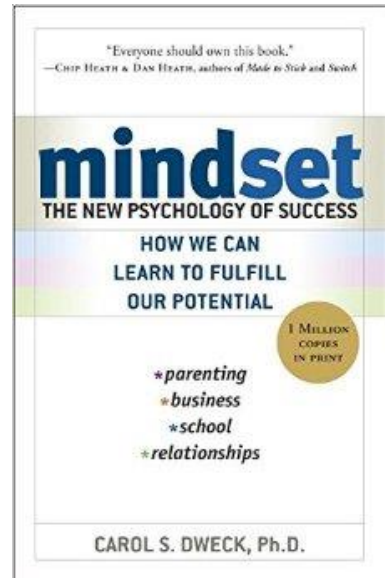


Special Book Group

Mindset

Registration Form



Name: _____

Address: _____

Phone: _____

Email: _____

Would you like to be added to the Special Book Group email list?

Yes No

Have you participated in library programs before?

Yes No

Do you need to bring a child in order to attend this group?

Yes No

Would you like to borrow a copy of this book or purchase one of your own? Books will be available for lending October 19th.

Borrow Purchase

How did you hear of this group?
