

REQUEST FOR VISITS TO THE WEST LINN LIBRARY

School or Group: _____

Contact Name: _____

Phone: _____

Email: _____

Preferred date and time of visit: _____

Alternate dates and times: _____

Age/grade of group: _____ Number of students: _____

Purpose of visit (ie. Storytime, general tour, research): _____

For Library use:

Assigned staff _____ Scheduled _____

REQUEST FOR VISITS TO THE WEST LINN LIBRARY

School or Group: _____

Contact Name: _____

Phone: _____

Email: _____

Preferred date and time of visit: _____

Alternate dates and times: _____

Age/grade of group: _____ Number of students: _____

Purpose of visit (ie. Storytime, general tour, research): _____

For Library use:

Assigned staff _____ Scheduled _____