



Pulaski County Imagination Library REGISTRATION LOCATION AGREEMENT

LOCATION NAME: _____ Date: _____

Physical Address (for pickups): _____

City/Zip: _____ Main Phone #: _____

Days & Hours Open: _____

Location of Registration Box (if not at main entrance): _____

Main Contact: _____ Backup Contact: _____

Main Contact Phone: _____ Backup Contact Phone: _____

Main Email: _____ Backup Email: _____

Type of Registration Box Needed: Countertop Box Free-Standing Box Display + Envelope

Estimate the # of monthly registrations that will be completed: _____

Main Contact Signature: _____

PCIL Contact Printed Name: _____

PCIL Contact Signature: _____

PULASKI COUNTY IMAGINATION LIBRARY USE ONLY

Added to Registration Location Spreadsheet:

Assigned Code #:

Forms stamped and ready to be dropped:

Initial # of forms left with site:
