

Book Club Kit Request

Name: _____

Library Card # (or if an ILL library request, library name):

Phone #: _____

Email: _____

Book Club Kit Choice #1:

BCK Choice #2:

Desired Number of Copies: _____

(Please note: there are 5-6 copies available for each book club kit)

Date needed by: _____

Notes: _____

Date of Request: _____

Staff Initials: _____

Book Club Kit Requests can be submitted in person,
by phone: 204-326-6841, or by email:
programs@jakeepplibrary.com.

Reserved

(For staff to fill out, detach, and tape on BK shelf)

Name: _____

Title: _____

Pick Up Date: _____

Due Date: _____

Staff Initials: _____

Date Prepped: _____

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