**Organisation (e.g. School):**

**Group (e.g. Class):**

**Contact Name (e.g. class teacher):**

 **Group Address:**

**Work phone number.**

 **Mobile number:**

**Email:**

**Number in group (e.g. no of students):**

**Select a four digit numeric PIN:**(You will be able to access all online library services using this PIN)

How do you wish to receive your library messages: Text Post

If you do not wish to receive library promotional information, please tick

**School principal / Organisation Leader:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Stamp:**

**I have read and accept Cavan County Council's Library services Rules & Regulations for Groups. Call to your designated library with this completed form, signed and stamped by the Guarantor (e.g. School principal).**