

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)

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.

**Please return this form to your local library. The form must be signed and stamped by the Guarantor (e.g. School principal).**