



Child's name _____ AGE _____

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Check out bags with your LIBRARY CARD at the CIRCULATION DESK please.

I understand that bags will be checked out for a 6 week period and will be returned to the circulation desk at the
MARLBORO FREE LIBRARY.

Parent / guardian name (please print) _____

Parent / guardian signature _____ DATE __/__/__

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	24	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100 