Community Library Network©
KOOTENAI & SHOSHONE COUNTIES

Youth Library Card Application

Name: _____ _____ _____
Last (please print) First Full Middle

O Female O Male Date of Birth: _____ _____ _____

Parent/Guardian Information

Name: _____ _____ _____
Last (please print) First/Middle Relationship

I agree to be responsible for any materials checked out by this child (who is under the age of 18) and to comply with all library rules and policies. I also agree to pay any fines or damages accrued by this child and to give notice of any change of name, address or phone number.

Parent/Guardian: _____ _____
Signature Date

Mailing Address: _____ _____ _____
Street City/State Zip

Phone: ( ) _____ Email: _____

2nd Phone: ( ) _____

Street Address: _____ _____ _____
(If different than mailing) Street City/State Zip

Library Use Only ☐KC ☐CDA ☐OT
Card # _____
Staff Initial _____ Date _____

Address Verification:
☐Idaho DL ☐Other DL ☐Utility Bill ☐Student ID
☐Mail ☐Other : _____