



For those
under 18

Greenwood Public Library

Greenwood Public Library Minor Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Notifications: e-mail or phone

e-mail: _____

Home Phone: _____

Birthdate _____

School: _____

Parent or Guardian's Name: _____

Address: _____

I accept responsibility for my Child's Greenwood Public Library Card:

X _____ Date: _____

Parent grants access to R-rated Movies YES NO

Staff Use Only:

Patron Barcode:



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