



Summer Reading Program Application
Indiana State Library - Talking Book and Braille Library
(TBBL patrons ages 4-18 are eligible to join)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number () _____

Email _____

Date of birth _____ Grade level _____ Reading Level _____

T-Shirt Size: Youth Small__ Youth Medium__ Youth Large__ Adult Small__ Adult
Medium__ Adult Large__ Adult XL__ Adult XXL__

Name of Parent or Guardian _____

Daytime Phone Number () _____

Email of Parent or Guardian _____

Materials in braille? __Y __N

Check the reading media you would like to use this summer:

Digital _____ Braille _____ Large Print _____ BARD _____

Do you have a machine borrowed from our library?

Yes ___ No ___ Using BARD Mobile Only ___

List titles and types of books you would like us to send you:
