



Kim Perry
County Librarian

Julian Sawyer
Branch Manager

LIBRARY TOUR REQUEST FORM

Organization: _____

Contact person: _____ **Phone:** _____

Email Address: _____

Alternative contact person: _____ **Phone:** _____

Email Address: _____

Requested date of program: _____ **Requested time:** _____

Number attending: _____ **Age(s):** _____

Type of Visit: (Please check the appropriate boxes)

- Children's Section
- Teen Section
- Genealogy Room
- Digital Collection
- Entire Library

Are there any other special requests for the visit and/or do any of the individuals have special needs that we can work to accommodate? _____

Will the group need library card applications? Yes ____ No ____

Will the group be checking out library materials? Yes ____ No ____

Two weeks is preferred and one week is required when making a tour request.

Tour/Visit Confirmed by Staff: _____ Date: _____

**For more in-house programming information, contact lisha Hill at (252) 335-7536.
You may also drop off the completed form at the library or email it to ihill@earlibrary.org.**