**Participant's First and Last Name**

**Participant's Address**

**Participant's Phone Number**

**Emergency Contact Name**

**Emergency Contact Phone Number**

**Reason for Requesting Homebound Delivery**

**I accept financial responsibility for all library materials delivered as part of the Cherokee Public Library Homebound Service. I understand that all materials are to be returned by the designated due date.**

**Sign here. X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Book/Author Preferences:**