

**Morris County Library
Deliveries to Adult Care Facilities
Registration Form**

Name of institution and address*: _____

Contact Person*: _____ **Phone*:** _____

Date of Application*: _____

Library card # (leave blank; it will be assigned by the Library): _____

Residents: Men* ___ Women* ___ = Total* _____. Age Range* _____

Quantity and Type of Materials (to be selected by Library staff; please enter a number for each type requested or '0' for none):

Regular Print Books* _____ Large Print Books* _____ Picture Books* _____

Magazines (Reader's Digest)* _____ Art Prints* _____ Audiocassettes* _____

Music CDs* _____ Books on CD* _____ TOTAL* _____

Videos* _____ DVDs* _____ (videos & dvds, unlike the above materials delivered every two months, are delivered by U.S. mail twice monthly) TOTAL* _____

PREFERENCES (*enter "No Preferences" for a random selection, or "None" if not interested in any material in this format*)

Reading/Listening Preferences (thrillers, romances, mysteries, family stories, etc.)*

Music Preferences (pop, jazz, classical, musicals, gospel, folk, international)*

Video Preferences (action, romance, spy, comedy, foreign, etc.)*

***indicates a field that *must* be filled in**