

Eastham Public Library
CLAMS Registration Form (Juvenile: 12 and under)

NAME: Please Print Clearly

FIRST	M. INITIAL	LAST
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Date of Birth:

MONTH	DAY	YEAR
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ADDRESS: Permanent

STREET		
TOWN	STATE	POSTAL CODE

Summer/Alternate

STREET		
TOWN	STATE	POSTAL CODE

Eastham
Property
Owner?
Yes:
No:

EMAIL:

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PHONE:

Home	Cell
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IF RENTING: Rental Date

to

PLEASE READ: I understand that I will be responsible for all items loaned on this card and for all fines or fees associated with these items.

**PARENT/
GUARDIAN:**

SIGNATURE	DATE
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Temporary Borrower:

LIBRARY CARD NUMBER
