Book Club Hold Request Name of Book Club_____ Contact Name: Phone: Contact E-mail______Discussion Date_____ Book Title_____ Author_____ Back-up Title/Author____ Please submit hold requests 4-6 weeks prior to the date of the book discussion. Please specify any special Member Name **Library Card** needs such as large print, (Please Print) Number CD or extra copies

Please note: in order for a hold to be placed, you must have a library card which is in good standing.



Date holds placed	
Staff Member	_
Added to Calendar	