



Category: 0-8 Years Old

NAME:

AGE:

CITY:

PHONE NUMBER:

SIGNATURE OF GUARDIAN:

Please return this form to the service desk of the Library
before or on 27/04/24, 12:30pm.

or

post at the latest on 24/04/24 to 18 Albert Street, Greymouth
7805

GREY_{DISTRICT}
LIBRARY