



# Category: 13-17 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**<sub>DISTRICT</sub>  
**LIBRARY**