

Registration form

15 AND MORE / PARENTS (mandatory)

I the undersigned,

LAST NAME, First name.....

Date of birth :/...../..... Postcode : Commune :

Street N° and box :

Email :Phone number:

Declares to... (Tick as appropriate)

- Be willing to register myself** as user to the Schaerbeek-Evere library network.

AND/OR

- Authorize the following underage(s) to register** in my capacity as ...

Father

Mother

Responsible adult

Tutor

CHILDREN/UNDERAGE

LAST NAME(s)	First name(s)	Date(s) of birth
...../...../.....
...../...../.....
...../...../.....
...../...../.....

Tick the following statements (mandatory) :

- I declare to have taken knowledge of the libraries's rules and wanting to register to it as well as any further adjustments of its terms.
- I authorize the library's staff to use my personal information for administrative purposes.

- I would like to receive the **Newsletter** of the library Romain Rolland to be kept aware of the activities, news, closures... (Only in French)

Date : Signature :