



Book Drive Application

Thank you for your interest to host a book drive for the St. Charles City-County Library Foundation. Please fill out the form below and someone from our team will contact you to finalize details of your event.

PLEASE PRINT

Applicant contact information:

Full Name: _____ Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ E-mail: _____

Reason applicant/group would like to host a book drive:

Book Drive Details:

Book Drive Name: _____ Book Drive Location: _____

Book Drive Start Date: _____ Book Drive End Date: _____

Book Drive Description: _____

Book Drive Goals: _____

AGREEMENT AND SIGNATURE

I hereby certify that the information on the above application is true and complete.

Applicant Signature: _____ Date: ____/____/____

Once completed please mail or fax form to:

St. Charles City-County Library District
Attn: Erica Land
77 Boone Hills Dr.
St. Peters, MO 63376
Fax: 636-441-3132

