

TEACHER BOOK BUNDLES REQUEST FORM

Name:	Emai	il:
Phone Number:	Scho	ol:
Topic:	Grade:	_ Classification:
Specific	Titles in Mind (must b	e in our collection)
Tota	l Number of Books (n	o more than 10):
ional comments:		

Check out the Library's catalogue at kinglibrary.ca!

For any questions or concerns please contact: King Township Public Library bookbundles@kinglibrary.ca 905-833-5101

