

## **Lending Library Request**

## (Please fax completed form to 828-632-6411 or e-mail to ashli@alexanderchildren.org)

					Age group you work with:		
Cent	er: _			Ce			
Date of Request:				Ce	Cell Phone Number (optional):		
l wo	uld li	ke the following specific i	toms:				
WO	uiu ii	ke the following specific i	tems.				
l wo	uld li	ke items related to the fo	llowing	study:			
	0	All About Me	0	Family -	С		
	0	Animals	0	Farm	С	, 0	
	0	Apples	0		С		
	0	Bugs / Insects	0	O		•	
	0	Community Helpers		Gardening	С		
	0	Construction	0	Music	С	I	
	0	Cooking	0	Oceans	С	Other:	
wo	uld li	ke the following specific b	ooks or	resource books:			
wo	uld li	ke books related to the fo	llowing	study:			
		All About Me	0	Family	0	Pets	
		Animals	_	Farm	0	Recycling	
		Apples		Flowers and Trees	0	Seasons	
		Bugs / Insects		Fruits and Vegetables	0	Spiders	
		Community Helpers	0	Gardening	0	STEM	
		Construction	0	Music	0	Transportation	
	0	Cooking	0	Oceans	$\circ$	Other:	