



**LARGO PUBLIC LIBRARY
SCHOOL TOUR REQUEST FORM**

Please send this form at least four weeks in advance of your requested tour date.

Name and title of teacher, school librarian or other adult in charge of students:

Contact phone numbers _____
(School number and teacher's cell if possible)

School name _____

School address _____

Please plan on a 45 minute visit to the Children's Department. This will include a tour, an introduction to the library, and time to look at books.

We schedule K-2 visits on the following days. Please list dates in order of preference.
Tours are limited to 40 students at a time.

Mondays 10:00 am

Fridays 11:00 am

First choice date: _____ Second choice date: _____

Number of students _____ Grade of students _____ Number of adults _____

Special needs: _____

Please fax or mail this form to:
Children's Department-Largo Public Library
120 Central Park Drive
Largo Fl 33771
Fax 727-586-7385