

Boys and Girls Clubs of Victoria Juvenile Library Card Application



First Name	Middle InitialLast Name
Date of Birth	*Internet Filter Level: ☐ Minimum ☐ Maximum
Favorite Color	Favorite animal
Guardian's Driver's License/ID	State
Mailing Address	
City/State	Zip code
County of Residence: Victoria Ca	alhoun Dewitt Goliad Jackson Lavaca Refugio Other
Phone Number	Cell □ Other
Email Address	
**Account information may be r	eleased to
Notifications (choose one): \Box Tex	t Message ☐ Email ☐ Phone call (standard text and data rates may apply)
	nformation will be the parent on file and the juvenile. To allow other family simply write their name in the blank listed above.
	Date of Birth
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damaged items, and agree to Public Library. By signing this	naterial checked out on this card and for fees for late, lost, or abide by all rules, regulations and policies established by the Victoria form, I understand I am agreeing to receive promotional text and/or ion may be stored and updated electronically.
Signature	
	Staff Use Only
BGC Card Barcode	B&GC Staff Initials
VPL Card Barcode	VPL Staff Initials