

Toy Library Membership Form



Details of Parent/Carer	
Name	
Address	
Contact Number	
Email Address	

Details of Young Person/People	
Name	
Date of Birth	
Needs/Disability/Diagnosis	
Any other information that may be useful	

Please read the following and tick to confirm your choices	
I agree to the terms of borrowing from Unique Toyz Library (please see attached for full terms)	
I agree to receive news, updates and newsletters from Unique Toyz Library	
I agree to the use of photographs and feedback provided being used for promotional purposes	

Name	
Signature	
Date	

Office Use Only	
Membership Number	
Lend Engine	
Staff Signature	
Date	