



Online Program Participation Permission Form

By completing this form, I _____
(please print name)

give permission to the Hamilton Public Library to connect online with me or my children while participating in Hamilton Public Library programs offered through our Virtual Branch.

Name *(please print)*: _____

Signature *(parent, if child is under 18)*: _____

Address: _____

Email address: _____

Date: _____

FOR LIBRARY USE ONLY

Programmer: _____

Program Name: _____