

# Cariboo Regional District Library

## Audiobook for the Print-handicapped Program -- Preferences Sheet

In order for us to begin serving you, information is needed about your general reading interests. Please check the types of books you prefer. If you have special interests, please indicate what they are in the space provided.

- |                           |                                     |
|---------------------------|-------------------------------------|
| _____ Contemporary Novels | _____ History                       |
| _____ Historical Novels   | _____ B.C. History                  |
| _____ Family Stories      | _____ Travel                        |
| _____ Mysteries           | _____ Geographical Area of Interest |
| _____ Adventure           | _____ Science and Nature            |
| _____ Religion            | _____ Politics                      |
| _____ Western             | _____ Biography                     |

Favorite Authors:

---

---

Special Subject Interests:

---

---

Types of material that may offend you:

---

(Continued next page)

Client Name:

---

Client Address:

---

Client Postal Code: \_\_\_\_\_ Client Phone Number: \_\_\_\_\_

*Please supply the name of an alternate individual who can be contacted if necessary.*

Alternate Name:

---

Alternate Address:

---

Alternate Phone Number:

---