

# Tasman District Libraries

## Print Disabilities Collection

### Talking Books Registration Form

Date: .....

Library card number

Name: .....

UO

Phone number: ..... Year of birth: .....

Will someone be collecting your books for you?

Y / N

Contact's Name:.....

Contact's Phone Number:.....

Their Relationship to you: (neighbour, sister etc.).....

#### What type of books do you like?

FAMILY SAGAS	HISTORY	TRAVEL
ADVENTURE	MYSTERY/THRILLERS	SCIENCE FICTION
DRAMA & POETRY	NEW ZEALAND & REPLAY RADIO	SHORT STORIES
GENERAL FICTION	BIOGRAPHIES	WESTERNS
HUMOUR	ROMANCE	

Do you have a compact disc (CD) player?

Y / N

Are you in a Rest Home / Retirement Village or Assisted living?

Y / N

If so, please name .....

Do you use NZ Foundation for the Blind talking books?

Y / N

Additional Information: Favourite authors, topics of Interest, etc

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