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BICHERBUS APPLICATION FORM (READERS <14 YEARS)

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Applicant details

First name(s): _____ Surname(s): _____

All names as shown on ID.

Date of birth: _____

House no and street: _____

Postcode: _____ City: _____

Municipality*: _____ Country: _____

Phone*: _____ Email: _____

** Optional fields*

Person with parental authority

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Phone*: _____ Email: _____

All names as shown on ID.

** Optional field*

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I have read, understood and accepted the internal rules and regulations of the Bicherbus. I undertake to pay the Bicherbus the equivalent value of any document accidentally damaged by my fault and/or not returned. Details on rules.bicherbus.lu. *You must tick this box.*

I agree for the personal data I provide to be stored in the central user database that can be accessed by all libraries in Luxembourg's bibnet.lu network. I undertake to notify the library of any changes to my address. *You must tick this box.*

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Yes, I'd like to subscribe to the newsletter.

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