



Friends
of
Smyrna Library

Little Friends Library Adoption Application

Please Print

Date _____

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Are you a member of Friends of Smyrna Library? Yes _____ No _____

Location / Address for requested LFL placement: _____

I agree to abide by the guidelines for FOSL Little Friends Libraries Yes _____ No _____

Signature _____