2019 Boston Bruins Story Time with Blades *Library Visit* Application

**Due Friday, May 10th**

|  |  |
| --- | --- |
| Library Name |  |
| Address |  |
| Library Telephone Number |  |
| Director Name |  |
| Director Email |  |
| Director’s Signature  |  |
| Children or Teen Librarian’s Name |  |
| Children or Teen Librarian’s Email |  |

|  |  |
| --- | --- |
| Population of Municipality/ Community |  |
| Total Summer Reading Participants in 2018 |  |
| Total Children’s Programs held in FY2018 |  |
| Attendance at Children’s Programs in FY2018 |  |

Send application and questions to:

Deborah Dutcher

Email: deborah.dutcher@dncr.nh.gov

Phone: 603-271-2865

Boston Bruins Story Time with Blades *Library Visit*

***Application Form***

Please answer the following questions:

1. How would a Boston Bruins’ Library visit benefit your library patrons and your community?
2. Tell a story of how summer reading has helped a specific child or family improve their reading skills.