Library Visit Request Form

School/Entity: ________________________________
Location: ___________________________________
Grade & Age-Range: ___________________ & __________
Number of Students: ____________________________
Number of Accompanying Adults: ___________________

In the case of young school groups (depending on request, availability and literacy level) we offer an educational reading session and related activity.

Kindly tick preferred language for reading session:
☐ Maltese    ☐ English

Contact Person’s Name: ________________________________
Contact Person’s Designation: __________________________
E-mail: ____________________________________________
Phone number/s: _____________________________________

For office use only:

CONFIRMED DATE/S: ________________________________
TIME: _____________________________________________
TYPE OF VISIT: _____________________________________

____________________________________________________

Personal information provided in this form is protected and used in accordance with the provisions of the Data Protection Act. The information requested will be used for record and management purposes by Malta Libraries.