

Writers' Room

Space to Create at Toronto Reference Library

IMPORTANT!

You must save this application form to your computer before you begin.

PC and Mac users, please be sure to use *Adobe Reader* to complete this application.

Download *Adobe Reader* for free at adobe.com/products/reader.html

Application form

Personal information

All fields with an asterisk required.

Date: _____

*Name: _____

*Address: _____

*Telephone: _____

*Email: _____

*Toronto Public Library Card Number: _____

Website: _____

List of Publications:

*Please briefly describe your writing project.:

*What are your preferred months to use the Writers' Room? *(Check all that apply)*

January–June July–December

*What are your preferred times to use the Writers' Room? *(Check all that apply)*

Weekdays Weeknights Weekends

Personal information on the application form is collected under the authority of s.20 (a) and (d) of the Public Libraries Act and will be used to administer the Library's programming service. Questions about the collection or management of personal information should be directed to the Manager, Collections, Programs & Services, 789 Yonge Street, Toronto, ON M4W 2G8, (416) 393-7118.

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