

## Avon-Washington Township Public Library Program Presentation Application

Name (please print):		
	Email:	
Subject of prospective progra	am:	
Please give in detail the purp	pose of the program:	
		——————————————————————————————————————
What is your background per	rtaining to this subject?	
	ies before? If so, when and where?	

Please complete this form and return it to us by either mail or email. (Completing this form entitles you to be considered for selection by the AWTPL Programming Team. We will contact you with our decision within six weeks of receiving your completed form.)

Avon-Washington Township Public Library (attention Programming Team) 498 North Avon Avenue Avon, IN 46123 reference@avonlibrary.net