

NCRL PROGRAM SUGGESTION FORM

We strive to offer programs that you will find engaging, informative, and entertaining.

Library programs are considered a core service that help us meet our strategic goals and support our mission: *Connecting the people of North Central Washington to vital resources and opportunities that foster individual growth and strengthen communities.*

Please let us know if you have an idea or suggestion for a program you would like to see presented at one or more of our libraries.

PROGRAM TOPIC: _____

TYPE OF PROGRAM: (check all that apply)

- | | | |
|---------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Activity | <input type="checkbox"/> Lecture / Forum | <input type="checkbox"/> Storytime |
| <input type="checkbox"/> Art / Craft | <input type="checkbox"/> Performance | <input type="checkbox"/> Workshop / How-To |
| <input type="checkbox"/> Author Visit | <input type="checkbox"/> Social | <input type="checkbox"/> Other (brief description): |
| <input type="checkbox"/> Book Club | <input type="checkbox"/> STEM | |

TARGET AUDIENCE: (check all that apply)

- | | | | |
|-----------------------------------|--------------------------------------------|-------------------------------------------------|----------------------------------|
| <input type="checkbox"/> All Ages | <input type="checkbox"/> Baby & Toddler | <input type="checkbox"/> Tweens (Middle School) | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Families | <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Teens (High School) | <input type="checkbox"/> Seniors |
| | <input type="checkbox"/> Kids (Elementary) | | |

LOCATION: Which libraries would you like us to bring this program to? (check all that apply)

- | | | | | |
|--------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Brewster | <input type="checkbox"/> East Wenatchee | <input type="checkbox"/> Manson | <input type="checkbox"/> Pateros | <input type="checkbox"/> Tonasket |
| <input type="checkbox"/> Bridgeport | <input type="checkbox"/> Entiat | <input type="checkbox"/> Mattawa | <input type="checkbox"/> Peshastin | <input type="checkbox"/> Twisp |
| <input type="checkbox"/> Cashmere | <input type="checkbox"/> Ephrata | <input type="checkbox"/> Moses Lake | <input type="checkbox"/> Quincy | <input type="checkbox"/> Warden |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> George | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Republic | <input type="checkbox"/> Waterville |
| <input type="checkbox"/> Coulee City | <input type="checkbox"/> Grand Coulee | <input type="checkbox"/> Omak | <input type="checkbox"/> Royal City | <input type="checkbox"/> Wenatchee |
| <input type="checkbox"/> Curlew | <input type="checkbox"/> Leavenworth | <input type="checkbox"/> Oroville | <input type="checkbox"/> Soap Lake | <input type="checkbox"/> Winthrop |

WHEN WOULD YOU PREFER TO ATTEND THIS PROGRAM? (check all that apply)

- | | | | | |
|-----------------------------------|------------------------------------|------------------------------------|----------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | | | |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Specific Date/Time: _____ | |

COMMENTS: Please explain anything else that we may need to know.

PLEASE RETURN THIS FORM TO ANY NCRL LIBRARY BRANCH OR EMAIL TO INFO@NCRL.ORG