BOOKING FORM FOR MOBILE LIBRARY
(To be completed in capitals by Applicant)
(Not available Monday-Friday in term time)

Name in full ……………………………………………………………………………………………………………………
Position ……………………………………………………………………………………………………………………………
Telephone No (daytime) ………………… (evening) ………………… (mobile) …………………
Email Address …………………………………………………………………………………………………………………
On behalf of (organisation) …………………………………………………………………………………………………
Address of organisation ………………………………………………………………………………………………………
A request for the attendance of the following mobile library (Children’s or Community Mobile) Leave blank if unsure or no preference…………………………………………………………………………………………………………………………………………………………
Date of event …………………………………………………………………………………………………………………
Precise times the mobile library is required? …………………………………………………………………………………
When can the mobile library access the site and when can it leave? …………………………………………………
Location of event …………………………………………………………………………………………………………………
Title of event ……………………………………………………………………………………………………………………
Content of event (please indicate if the event has a theme) …………………………………………………………………
Storyteller required? (this can be requested but may not be guaranteed) ………………………………………………
Age range for whom the event is intended ………………………………………
Estimated number of participants ……………………………………………………………………………………………
Access to grounds – what is this like? This is essential to determine if location is suitable for the mobile library (please consider width of entry into grounds/ problem of parked cars, overhanging trees or high structures that might impede a mobile library’s access)
Please note:
Children’s Mobile size is - length 8050 mm. (26’3”) / height 3850 mm with dish (13’8”) / width 2500 mm (8’2”)
Community Mobile size is - length 8700 mm. (28’4”) / height mm (12’4”) / width 2500mm (8’2”)

Standing for mobile to be parked on (grass or concrete)? …………………………………………………………………
Risk assessment (to be completed by Organisation) Yes/No …………………………………………………………………
Name of contact for the event and their details (if different from above) …………………………………………………

Signed (Applicant) …………………………………………………………… Date ………………………………………
Booking accepted by (library staff) ……………………………………… Date ………………………………………

Please return to Janice Thomas, Operations Manager, Medway Libraries HQ, 32 Bryant Road, Strood, Kent, ME2 3EP or email janice.thomas@medway.gov.uk