



CAMARENA MEMORIAL LIBRARY

850 Encinas Ave. Calexico, CA (760) 768-2170

<https://calexicolibrary.org>

CLASS RESERVATION SHEET

Today's date _____

Teacher _____

Grade _____

Preferred date _____

Teacher's Email

School _____

of Students _____

Length of time _____

Preferred day for presentation

Monday	Tuesday	Wednesday	Thursday	Friday
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Class is

English speakers _____	Spanish speakers _____	Bilingual _____
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Topic of instruction (*i.e., library orientation, how to use the online catalog or a database, storytime*)

Comments _____

Please submit this class reservation sheet to library@calexico.ca.gov

