

# Gilroy Library Program Application



Date: \_\_\_\_\_

Name and Organization Information:

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Phone and Email:

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Website Address:

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Summary of Program:

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\_\_\_\_\_  
\_\_\_\_\_

Target Audience:

\_\_\_\_\_

Credentials of Presenter:

\_\_\_\_\_

References from Prior Programs:

\_\_\_\_\_  
\_\_\_\_\_

Speaker Fee: \_\_\_\_\_

Authors: please attach reviews of your book.

Please return this form to an Information Desk or email to [Gilroy\\_Manager@sccl.org](mailto:Gilroy_Manager@sccl.org)  
Gilroy Library | 350 West 6th Street, Gilroy, CA 95020 | 408.842.8207