## Brighton District Library Sample Teen Book Box Questionnaire

Teen Book Box application for ages 13-18 (or 7th-12th grade)

First & Last Name(Required)
Library Card Number(Required)
If a parent/guardian might be picking up your box, please list their full name below.
Phone Number(Required)
Email(Required)
Please note we use email as the main point of contact. You shall receive an email reminder that you box is ready for pick up on the first of the month.
How old are you and what grade are you in?(Required)
The extras in your box may include tasty treats. Do you have any food allergies we should know about? If yes, please note below.( <i>Required</i> )
Have you gotten a Book Box from us before? If yes, what did you think?(Required)  Do you like graphic novels?(Required)
What kind of books would you like to read this month?( <i>Required</i> ) Please pick only up to 3 genres
Fantasy
Science Fiction
Realistic Fiction
Historical Fiction
Horror

	Suspense/thriller/Mysteries
	Light romance (rom coms, meet cutes, etc)
	Drama
	Funny Books
	Supernatural (ghosts/demons/witches)
	Dystopian
	Gentle Reads (little to no/swearing/violence/sex/drugs etc)
	LGBTQ+ (Please note if you want to be more specific in the 'anything else we should know
sect	
	Tear Jerkers (Make me cry)
	Books that tackle tough topics/social issues
	Surprise me, I read anything
	at are some of your favorite books? What did you like about them? * Please list at least 3
	ks( <i>Required</i> ) use give more than one example of books that you liked. The more information you provide the
	er able our Librarians are able to choose books for you.
4	<b>▶</b>
Are	there any books you haven't liked and why?(Required)
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Anything else we should know?(*Required*)
This is where you can let us know any other of your reading quirks. If you don't like romance or maybe violence let us know. If you have a specific type of fantasy novel you like etc.