

Teen Book Box Form - Ages 13-17

Book Boxes for Teens

* Indicates required question

1. Email *

2. Name *

3. Library Card Number *

4. Phone Number *

5. How old are you? *

Mark only one oval.

13

14

15

16

17

18+

Young Adult Book Box

6. Genres you are interested in *

Check all that apply.

- Adventure
- Dystopian
- Fantasy
- Graphic Novel
- Historical
- Horror
- LGBTQ+
- Mystery/Thriller
- Nonfiction - Please specify (Ex. Biography)
- Romance
- Science Fiction
- Tear Jerkers (Make me cry)
- Theme - Please specify (ex. Friendship)
- Tough topics/social issues - Please specify

7. Please specify any specific topics you are interested in

8. Genres you are **NOT** interested in - Please choose all that apply *

For scaled topics: 1 being very little,
2 being a little, 3 being some, 4 being a lot and 5 being any amount

Check all that apply.

- Adventure
- Drinking, Drugs & Smoking (please give us a 1-5 scale BELOW)
- Dystopian
- Fantasy
- Graphic Novel
- Historical
- Horror
- Language (please give us a 1-5 scale BELOW)
- LGBTQ+
- Mystery/Thriller
- Nonfiction (Ex. Biography)
- Romance
- Sex, Romance & Nudity (please give us a 1-5 scale BELOW)
- Science Fiction
- Tear Jerkers (Make me cry)
- Theme - Please specify (ex. Friendship)
- Tough topics/social issues
- Violence & Scariness (please give us a 1-5 scale BELOW)
- Not Applicable - I like everything

9. Please specify any specific topics you are **NOT** interested in

Anything else we should know?

10. Some of our boxes contain tasty treats please let us know of any allergies

11. Anything else we should know?

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