Name of School, Public Library, or Home School Assn:

Contact Person (don’t forget entity name above):

Position: Email:

Grades (if applicable): Phone:

School District or Public Library System:

P.O. Box or Street Address:

City: County: Zip:

Registration Fee: $15.00 per library (No purchase orders accepted; payment must accompany order.)

(Place X in front of New or Renewal) New Renewal AMOUNT PAID: 

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13. Licensee represents and warrants that Licensee has watched the TBA Participant Training Video, currently located at [Registration Video](#).

   No Boycott of Israel. In accordance with HB 89 passed by the 85th Texas Legislature, the Texas Library Association, and its Texas Bluebonnet Award Program represents and warrants that it does not boycott the nation of Israel and will not boycott the nation of Israel during the term of this Agreement.

**Signature** __________________________________________________________

**Title** ______________________________________________________________

**Make CHECKS payable to Texas Bluebonnet Award.**

If you have any questions please contact: [paulm@txla.org](mailto:paulm@txla.org)

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