Sora Participation Form
Hudson Valley Library Association Shared Digital Collection

School Information		
Name of Participating School Account:		
Address:		
City, State/Province: New York, NY	Country/Postal Code: 10025	
Primary Contact		
Name	Title:	
Telephone:	Email:	
Accounting Information		
Name:	Title:	
Telephone:	Email:	
Bill To Address:		
City/State/Zip Code:		
Number of Participating Students	**Annual* Participation Fee (USD)**	**Total Annual* Participation Fee (USD)**
Elementary School (Pre-K-Grade 5): **Middle School (Grades 6-8):** **High School (Grades 9-12):**	**$3.50 per Participating Student**	
One-Time Deposit for Digital Book Account Purchases (Custom Collection for Participating School Account only) (USD)		
$ _____		

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Terms and Conditions:

- OverDrive® products and services for schools are licensed pursuant to the OverDrive Sora Access Agreement, available at https://company.overdrive.com/sora-aa.pdf , the terms of which are incorporated herein and which may be modified from time to time.
- Participating School Account will be automatically enrolled with a Digital Book Account at no additional cost.
- The full Annual* Participation Fee is non-refundable. The Annual* Participation Fee and any amounts placed on deposit for Digital Book Account purchases will be invoiced upon receipt of signed Participation Form. Participating School Account must provide a valid purchase order or payment of the initial invoice in order to go live with the Sora Service.
- Participation in Consortium shall be limited to Hudson Valley Library Association member schools.

Acknowledgement and Acceptance:

On behalf of Participating School Account, my signature below indicates acceptance of the OverDrive Sora Access Agreement, as well as my authority to enter into a legally binding agreement.

By (signature) _____ Title _____

Name (Print) _____ Date _____

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