



## SUMMER READING REGISTRATION

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ T-shirt size (S, M, L): \_\_\_\_\_

Age: \_\_\_\_\_ Grade next year: \_\_\_\_\_ School: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_

Parent or Guardian printed name: \_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_

Would you like to be informed of future library programs via mail or e-mail? (please circle) Yes / no

If yes and you would like to be contacted by e-mail, please give e-mail address:

\_\_\_\_\_



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