

Teen Summer Reading Program



Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Age: \_\_\_\_\_

Title/author: \_\_\_\_\_

Favorite character/  
why: \_\_\_\_\_

\_\_\_\_\_

Best  
part: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Stars: (1=worst;



5=best):

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