



registration

Please detach this form and return it to the library by the start of the program on June 24th. When you turn in this form, you can pick up your reading log, backpack, bookmark, and other complimentary summer reading gear. Late forms will be accepted.

First Name _____

Last Name _____

Age _____ **Grade this coming fall** _____

Parent Name _____

Parent Phone Number _____

Parent Email Address _____

For my seven week summer reading challenge, I will read: (ex: 20 mins/day or 2 books/week) _____

Signature _____

Library cards are available for free! Let us know if you need one by checking here:

You can also register online at
www.millinocketmemoriallibrary.org/summer