Albany Public Library
Summer Reading Challenge Registration

First Name: ________________________            Middle Initial: ____________
Last Name: ________________________          Age (circle one:) 0-4 5-12 13-17 18+
Street Address:_________________________________________________________________________
City: ___________________                    State: ___________                  Zip Code: ___________
Phone Number: ____________________________     Email Address: _______________________

**For Youth Registrations**
Grade Entering in the Fall: ____________________________
School Attending in the Fall: __________________________

Questions?
Email albanyreads@albanypubliclibrary.org or Call our SRC Phoneline at 518-362-8542

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