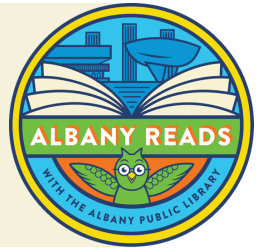


# ALBANY PUBLIC LIBRARY

## Summer Reading Challenge Registration



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Library Card #: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### \*\*For Youth Registrations\*\*

Grade and school you'll be attending in the Fall:

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

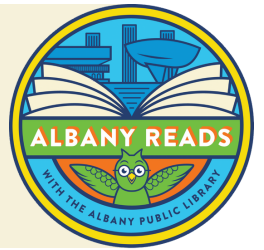
Questions? Call: (518) 427-4300  
or Email us at:  
[albanyreads@albanypubliclibrary.org](mailto:albanyreads@albanypubliclibrary.org)

@AlbanyNYLibrary  
#AlbanyReadsSummer21

Staff use only → Sign-up date: \_\_\_\_\_ Sign-up entered: \_\_\_\_\_

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