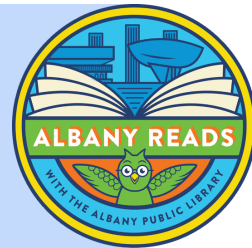


ALBANY PUBLIC LIBRARY

Adult Winter Reading Challenge Registration



First Name: _____ Last Name: _____

Library Card #: _____

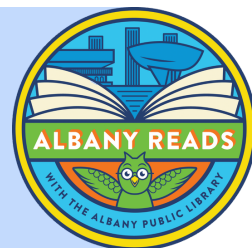
Phone Number: _____

Email: _____

Staff use only → Sign-up date: _____ Sign-up entered: _____

ALBANY PUBLIC LIBRARY

Adult Winter Reading Challenge Registration



First Name: _____ Last Name: _____

Library Card #: _____

Phone Number: _____

Email: _____

Staff use only → Sign-up date: _____ Sign-up entered: _____