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

@AlbanyNYLibrary
#AlbanyReads

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

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Staff use only

2 hours _____ 10 hours _____

5 hours _____ 25 hours _____

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