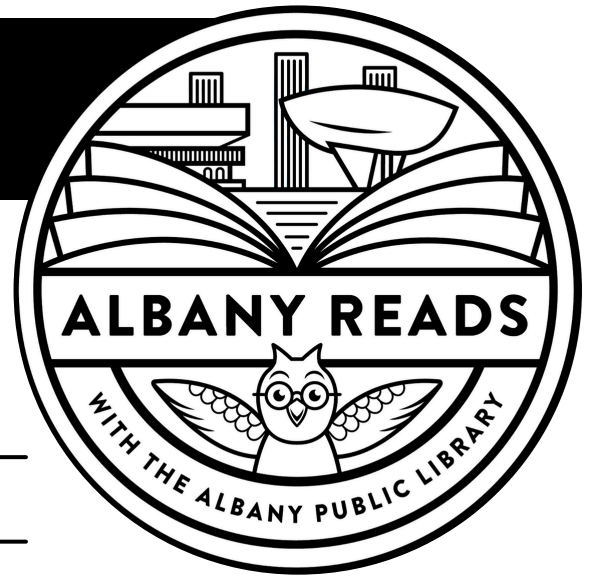


Summer Reading Challenge

Registration



First Name: _____
Last Name: _____
Library Card #: _____
Phone Number: _____
Email: _____

Age group (check one):

Ages 0-4 Ages 5-12
Ages 13-17 Ages 18+

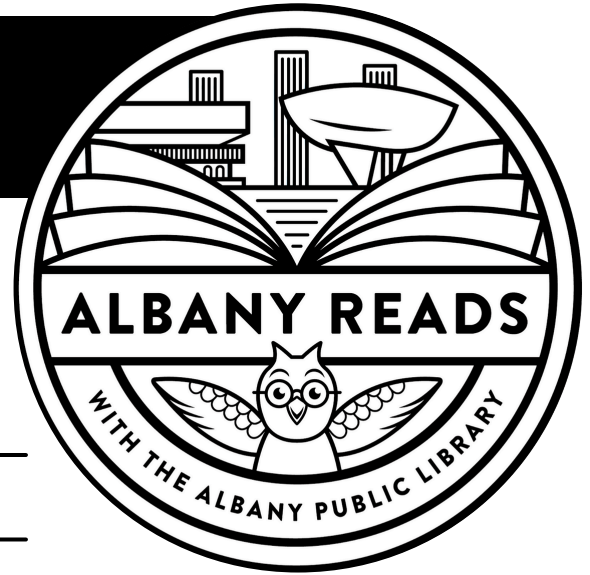
****For Youth Registrations****

Parent/Guardian: _____

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

Summer Reading Challenge

Registration



First Name: _____
Last Name: _____
Library Card #: _____
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Age group (check one):

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****For Youth Registrations****

Parent/Guardian: _____

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

Prize checklist - staff use only

<i>Growing Readers (ages 0-4)</i>	<i>Kids/Teens (ages 5-17)</i>	<i>Adults (ages 18+)</i>	
50 books <input type="checkbox"/>	5 hours <input type="checkbox"/>	10 books <input type="checkbox"/>	Shirt size: <input type="text"/>
100 books <input type="checkbox"/>	10 hours <input type="checkbox"/>		
	25 hours <input type="checkbox"/>		Shirt size: <input type="text"/>

Prize checklist - staff use only

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