

2010 Summer Reading Program Registration

Make a Splash - Read! (kids)& Make Waves at Your Library(teens)

Name _____ Age _____

Address _____ Phone _____

School (in Aug.) _____ Grade in Aug. _____

_____ 9 A.M. Session (A-O suggested) _____ 11 A.M. Session (P-Z suggested)

Parents - Please read & sign the following:

I understand that if my child is five (5) years of age or younger, I must attend the programs with my child.

I understand that my child will only receive prizes if the reading logs are submitted by July 24. The Library is not responsible for your child (children) if left behind.

I GIVE/ / DO NOT GIVE / /my permission for my child's name &/or picture to be used in library promotion, listed in the newspaper, provided to your school. Please indicate one choice and sign.

Signature _____

(The Library reserves the right to alter sessions if over-scheduling occurs.)

