



2018 Summer Library Program
“Libraries Rock”
Registration

Name: _____

Address: _____

Phone: _____

Age: _____ Grade: _____

T-shirt size: Circle one

Youth (XS, small, medium, large)

Adult (small, medium, large, XL, 2X)

I agree to read _____ books or _____ minutes this summer as part of the “2018 Libraries Rock” summer reading program.

Signature: _____ Date: _____

Librarian: Ms. Myles