

## **2016 WTBBL Fall Pen Pal Program**

September 15 - December 15, 2016

Make a new friend this spring by participating in the WTBBL Pen Pal Program! The Pen Pal program is open to all students in grades 1-12. It's a great way for students to practice reading & writing in braille or large print and meet friends!

Students are matched with another WTBBL student by reading grade level and medium (UEB or large print). All letters are mailed to WTBBL, and WTBBL will forward the letters to the pen pal. Pen Pal Guidelines, including suggested writing prompts, will be provided to registered students. Students are required to write at least three letters before the deadline of December 15.

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### **Registration Form**

Return this form by **Friday, September 9, 2016** to [marian.mays@sos.wa.gov](mailto:marian.mays@sos.wa.gov) or WTBBL C/O Marian Mays at 2021 9<sup>th</sup> Avenue, Seattle, WA 98121

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School:** \_\_\_\_\_

Students will be matched by grade. Please indicate the **student's reading grade level or functioning grade level.**      **Grade:** \_\_\_\_\_

Students will be matched by preferred format.  
Please choose **one** option:

Student will write/read letters in:

\_\_\_\_\_ **Braille - UEB (Contracted)**

\_\_\_\_\_ **Braille - UEB (Uncontracted)**

\_\_\_\_\_ **Large Print**

**Address for Return Letters:**

**Mailing Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Parent/Teacher Contact Name:** \_\_\_\_\_

**Contact Telephone:** (\_\_\_\_\_) \_\_\_\_\_

**Contact Email Address (Required):**

\_\_\_\_\_

Please confirm that you have read the following statements by providing your initials.

\_\_\_\_\_ I acknowledge that enrolled students are required to submit at least three letters to their pen pals before December 15, 2016. If my letters are not postmarked or emailed by this date, they will not be sent.

\_\_\_\_\_ I will immediately notify Marian Mays, Youth Services Librarian if any of my contact information changes or I need to drop out of the program. By doing so, I can ensure my pen pal match is able to fully participate in the program.

\_\_\_\_\_ If my preferred format is braille, I will only mail embossed hard copies of my letters to WTBBL. If my preferred format is large print, I will send my hard copies in a 16 point font.

\_\_\_\_\_ I acknowledge that I will promptly respond to any inquiries or communications about the Pen Pal Program. I understand that a lack of communication may forfeit my enrollment in the program.

**Marian Mays, Youth Librarian | (206) 615-1253 | marian.mays@sos.wa.gov**