



Summer Library Program Group Reading Incentive Registration Form



Please print:

1. Contact Person _____
2. Your Organization's Name _____
3. Address _____
4. Phone Number _____
5. FAX Number _____
6. E-mail address _____

Please give the exact number of children that will be participating in your program by age or grade categories.

Participants will receive a *Mystery Prize* after listening to 25 books!

Toddlers _____

Preschool _____

Kindergarten _____

First Grade _____

Second Grade _____

Third Grade _____

Fourth Grade _____

Fifth Grade _____

Sixth Grade _____

TOTAL _____

Signature _____

Please complete and fax or return in person to your local branch.

Staff Initials _____