

Registration

for the 2024 Summer Library Program:
Adventure Begins at Your Library!

Reader's name: _____ Age: _____

Address: _____

Parent phone or email: _____

School: _____ Grade in September: _____

Circle one: independent reader family reader

Completed program: Yes No

Reading Contract

for the 2024 Summer Library Program:
Adventure Begins at Your Library!



I, _____, agree to read _____ books, minutes, or pages (circle one) this summer as part of the 2024 summer library program.

Signature of reader: _____ Date: _____

Signature of librarian: _____

Adventure Begins at Your Library!

Permission to Record and/or Photograph

Permission is not required to participate in library events.

I, _____, am 18 years or older.
(name, please print)

I, _____, am the parent/guardian of _____
(name, please print) (name, please print)

I understand that the _____ may record or photograph the event or activity in which I am (or my child is) participating for the purpose of promoting its services and programs. I give permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

Signature _____ Date: _____

Address: _____ Zip Code: _____

Phone or email: _____