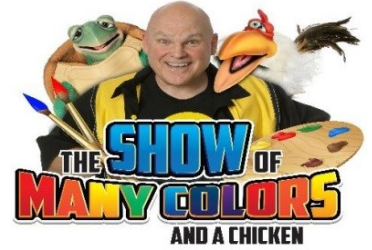


Mosheim Public Library

Summer Reading Program 2025

Color Our World



Child's Name: _____

Age: _____, Grade Attending in September 2025: _____

School: _____, *Optional*

Guardian's Name: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone #: _____

E-mail address: _____

Can Child be photographed or video graphed: ___ Yes or ___ No