



# 2017 TEEN SUMMER READING PROGRAM

**\* Required**

Teen's First Name \* \_\_\_\_\_ Teen's Last Name \* \_\_\_\_\_

Grade in School in August \*

- |  |   |
|--|---|
| <input type="checkbox"/> 6 <sup>th</sup> | <input type="checkbox"/> 10 <sup>th</sup> |
| <input type="checkbox"/> 7 <sup>th</sup> | <input type="checkbox"/> 11 <sup>th</sup> |
| <input type="checkbox"/> 8 <sup>th</sup> | <input type="checkbox"/> 12 <sup>th</sup> |
| <input type="checkbox"/> 9 <sup>th</sup> | <input type="checkbox"/> Other: _____     |

Reading Goal \* \_\_\_\_\_

Parent's Name \* \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Will you be attending weekly activities at the library? \*

- Yes       No