



A UNIVERSE OF STORIES

2019 Summer Library Program K - 5 Registration and Contract

Name: _____

Address: _____

Parent's phone: _____

Age: _____ Grade next school year: _____

I have read 1 hour

OR

I have read 100 pages

15 15 15 15

25 25 25 25

When you have completed this form bring it to the GPL between June 3-13 and trade it in for a tracking sheet. You will be officially registered for Garrison's Summer Library Program.

I would like to track my reading this summer by:

____ hours read (9 hours min.) OR

____ number of pages read (900 pages min.)



* Books must be checked out of the GP Library

Signed: _____

Date: _____

1 2 3 4 5 6 7 8 9 10 11 12



Eat. Sleep. Read.