

On Your Mark, Get Set, Read!

2016 Teen Summer Reading Program – ages 13-19

Name:

First: _____ Last: _____

Phone #(s): _____ Age: _____ T-shirt size: _____

Parent or Caregiver's Name: _____

Home address: _____

E-mail address: _____

Please return this form in to the Library as soon as possible so t-shirts can be ordered.
For each week the reading target is reached, you will gain an entry into a prize drawing
at the end of the 5-week session.

Do not write below this line

of hours read:

Week 1 (July 11-17): _____

Week 2 (July 18-24): _____

Week 3 (July 25-31): _____

Week 4 (Aug. 1-7): _____

Week 5 (Aug. 8-15): _____

Total # of hours: _____

