



2010 Summer Library Program Make a Splash—READ! Library Registration

Name: _____

Address: _____

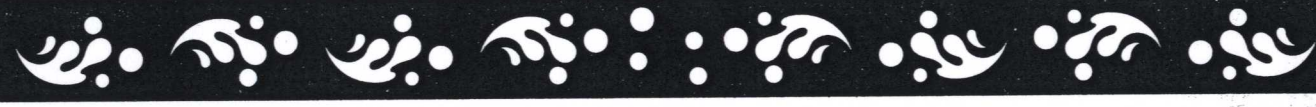
Phone: _____

Age: _____

School: _____ Grade in September: _____

Circle One: Independent Reader Family Reader

Completed Program: Yes No



Make a Splash—READ! Reading Contract

I agree to read _____ number of books or _____ minutes this summer
as part of the “Make a Splash—READ!” summer reading program.

Signature: _____ Date: _____

Librarian: _____

