



2018 Summer Library Program

Libraries Rock Registration

Name: _____ Age _____

Parents Name: _____ phone _____

Address: _____

School: _____ Grade in Sept. _____



Libraries Rock Reading Contract



I agree to read _____ books or _____ minutes this summer as part of the "Libraries Rock" summer reading program.

Signature: _____ Date: _____

Librarian: _____

