

Last Name _____

No. of Children _____



The 2017 Summer Reading Program at
The Sherman & Ruth Weiss Community Library
PO Box 917 10788 State Highway 77, Hayward, WI

REGISTRATION

Parent/Guardian Signature(s): _____

I give the library permission to use any photo(s) of my child(ren) for promotional purposes.

Parent/Guardian Name (Printed): _____ Today's Date _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email (Optional): _____

Child's Last Name: _____ First _____

Age: _____ Last Grade Completed: _____ School: _____

Child's Last Name: _____ First: _____

Age: _____ Last Grade Completed: _____ School: _____

Child's Last Name: _____ First: _____

Age: _____ Last Grade Completed: _____ School: _____

Child's Last Name: _____ First: _____

Age: _____ Last Grade Completed: _____ School: _____

Presented by the **Sherman & Ruth Weiss Community Library** (634-2161) and the **Friends of the Library**
In partnership with:
Northwest Connection Family Resources

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