

Last Name _____

No. of Teens _____

Teen Reading*

for 6th - 12th grades



The 2016 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: _____

Last Name: _____ First Name: _____

Age: _____ Last Grade Completed: _____ School: _____

Last Name: _____ First Name: _____

Age: _____ Last Grade Completed: _____ School: _____

Last Name: _____ First Name: _____

Age: _____ Last Grade Completed: _____ School: _____

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