



2020 Summer Reading Registration

(Please print neatly)

Participant's Name: _____

Last

First

M.I.

Age: _____ Grade Just Completed: _____ Ethnicity: _____ Gender: _____

Address: _____

Street

City

Zip Code

Parent/Guardian Name: _____

Direct Phone: _____ Relationship to Participant: _____

Email: _____



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