Imagine Your Story!

Summer Reading Registration

Kids

_____

Last Name **First Name**

Phone #_____

Library Card # _____

Parent/Guardian: _____

Email (Optional) _____

Age: _____ **Category:** (Check the Appropriate Category Below for Your Age.)

☐ **Preschool (Ages 0-4)** ☐ **Kids (Ages 5-11)** ☐ **Teens (Ages 12-17)** ☐ **Adults (Age 18 +)**

School: _____ **Grade:** _____

Reading Log: Fill in Titles Below.

Title
1.
2.
3.
4.
5.
Prize #1: Spin the Wheel & 1 Brag Tag **Date Awarded** _____

Title
6.
7.
8.
9.
10.
Prize #2: Craft Kit & 1 Brag Tag **Date Awarded** _____

11.
12.
13.
14.
15.
Prize #3: Scented Bookmark, Pencil, & 1 Brag Tag **Date Awarded** _____

Title
16.
17.
18.
19.
20.
Prize #4: Book & 1 Brag Tag **Date Awarded** _____

Title
21.
22.
23.
24.
25.
Prize #5: Backpack & 1 Brag Tag **Date Awarded** _____

Title
26.
27.
28.
29.
30.
Grand Prize Ticket **Date Awarded** _____

Title
31.
32.
33.
34.
35.
36.
37.
38.
39.
40.
41.
42.
43.
44.
45.
46.
47.
48.
49.
50.

Grand Prize Ticket **Date Awarded** _____