

Carnegie Public Library
2010 SUMMER READING PROGRAM REGISTRATION

Make a Splash @ your Library

Name: _____

Address: _____

Phone: _____

Age: _____

School: _____ Grade in Sept: _____

Parent/Guardian Name: _____

Email address: _____

PARENTS MUST SUPERVISE CHILDREN AT ALL TIMES

**Make a Splash @ Your Library
Reading Contract**

I agree to read _____ minutes a week this summer as part of the
“**Make a Splash @ Your Library**” summer reading program.

Signature: _____ Date: _____

Librarian _____ Date Received _____