

# ADULT REGISTRATION

*for the 2025 Summer Library Program*



Reader's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent phone or email: \_\_\_\_\_

School: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Circle one:                      Independent Reader

Family Reader

Completed program: ☐ YES   ☐ NO

# READING CONTRACT

*for the 2025 Summer Library Program*



I, \_\_\_\_\_, agree

to read \_\_\_\_\_ books, minutes, or pages (circle one)

this summer as part of the 2025 summer library program.

Signature of Reader: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of librarian: \_\_\_\_\_