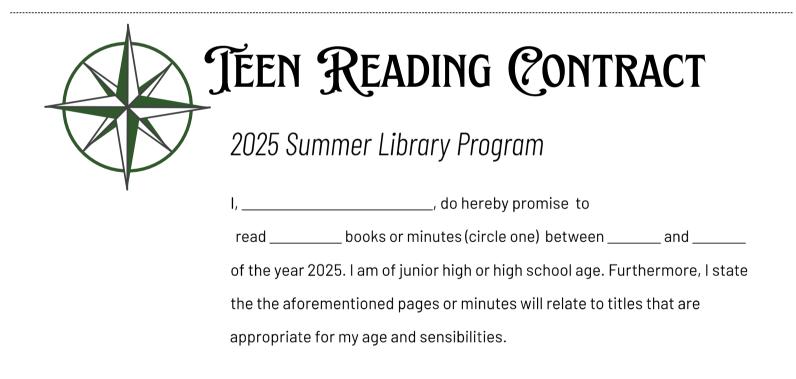
## JEEN REGISTRATION



## 2025 Summer Library Program

Reader's Name: _		Age:
Address:		
Phone or email: _		
School:		Grade in September:
My favorite book	genres (check all that apply):	
🖵 mystery	🖵 romance	
🖵 fantasy	science fiction	
classics	🖵 suspense	
Inonfiction	🖵 graphic novels	
🖵 dystopian	🖵 books in a series	Completed program:
🖵 horror	🖵 biography	
🖵 detective	🖵 other	



Signature of Reader:	_Date:
Signature of Librarian:	_ Date: