



IMAGINE YOUR STORY



2020 SUMMER READING PROGRAM REGISTRATION

Name:		Age:	
Address:		City:	
Phone:	Email:		
School/Grade in School in Fall 2020:			
Circle One:	Adult Reader	Independent Reader	Family Reader

READING CONTRACT

I agree to read _____ books or _____ minutes this summer as part of the "Imagine Your Story" Summer Reading Program at the Blakesburg Public Library. For each 15 minutes read I will earn 1 "BPL Buck" to redeem for prizes at the end of the summer reading program. Minutes will be submitted on August 10 and August 24th. Awards will be presented following completion of the program.

Signature: _____

Date: _____

Librarian signature: _____

Participant completed program: _____ Yes _____ No