

Ravenna Public Library Summer Reading Program 2020 Registration

Participant Name: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/ Guardian Email: _____

Program Category (Circle one):

Toddler (0 - 2yrs) Children's (3 yrs - 5th grade) Tween (6th - 8th) Teen (9th - 12th)

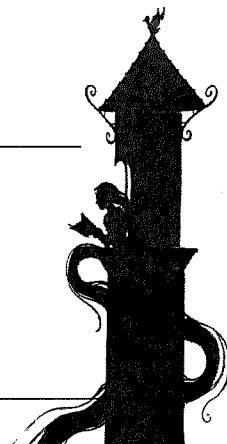
Participant's Grade in Fall 2020: _____

YES, I have access to an electronic device: phone, tablet, computer

NO, I DO NOT have access to an electronic device: phone, tablet, computer

Register before May 22nd to be entered to win a fairy tale prize package worth \$50.

Please return form to the library via our book drop on the front of the building.



Ravenna Public Library Summer Reading Program 2020 Registration

Participant Name: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/ Guardian Email: _____

Program Category (Circle one):

Toddler (0 - 2yrs) Children's (3 yrs - 5th grade) Tween (6th - 8th) Teen (9th - 12th)

Participant's Grade in Fall 2020: _____

YES, I have access to an electronic device: phone, tablet, computer

NO, I DO NOT have access to an electronic device: phone, tablet, computer

Register before May 22nd to be entered to win a fairy tale prize package worth \$50.

Please return form to the library via our book drop on the front of the building.

