

THE SUMMER READING CHALLENGE LIBRARY REGISTRATION CARD

Child's name _____
Child's age _____ Postcode _____

Parent/carer's telephone (Optional) _____

Parent/carer's email _____

Child's gender (Optional)
Boy Girl Prefer not to say
Describes another way _____

Child's school _____

New school in September (if changing school) _____

How did you find out about the Challenge?
School The library Posters/adverts
Family/friends Taken part before Other
If other please give details: _____

FIRST NAME _____ SURNAME _____
Library card number _____

Branch/Library code _____

Tick if joined library in order to take part
Tick if doing the Mini Challenge

Date/Stamp

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Tick if more than 6 books read
Tick if completed the Challenge

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