



#ReadYourPassion

Teen and Tween Summer Reading Club

REGISTRATION FORM

NAME: _____
AGE: _____ GENDER: _____
SCHOOL: _____
GRADE: (COMPLETED AS OF JUNE 2018) _____
TELEPHONE: _____
E-MAIL ADDRESS: _____

WHAT LIBRARY BRANCH DO YOU USUALLY VISIT?
Please circle one:

- CENTRAL DR. HUQ
MERRITT PORT DALHOUSIE



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