



First Name: _____ Last Name: _____ Age: _____

Home Address: _____

City: _____ Zip: _____

Age/Grade: _____

Parent or Guardian _____

Telephone: _____

E-mail: _____

Do you use BARD: yes no

Reading goal is _____.

List any books you want us to send to you to read this summer.

_____	_____
_____	_____
_____	_____
_____	_____

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