



## TEEN SUMMER READING 2016

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (in September): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name and Phone Number of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Food Restrictions (Allergies/Kosher/Halal/Vegetarian/Etc.): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**WHARTON PUBLIC LIBRARY**



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