

MARINE COMMUNITY LIBRARY SUMMER READING PROGRAM
One form for each book read...Max 3 per week...return form to library

What book did you read? _____

Older kids: What was it about, and did you like it?

Younger kids: Draw a picture or dictate to parent about what you liked.
(Use back side to continue)

Your name: _____ Age: _____

Address: _____

Phone: _____