

ADVENTURE — BEGINS AT — YOUR LIBRARY™



Registration for
Bellaire Public Library's
2024
Summer Reading Program

Reader's Name: _____ Age: _____

Address: _____

Parent Phone or Email: _____

School: _____

Check one: Independent Reader Family Reader Grade in September: _____



Reading Contract for the **2024** Summer Reading Program **ADVENTURE - BEGINS AT - YOUR LIBRARY**

I, _____
agree to read _____ books this summer as

part of the 2024 Bellaire Public Library Summer Reading Program.

Signature of Reader: _____ Date: _____

Reading Logs Turned In:

- Week 1 Week 5
- Week 2 Week 6
- Week 3 Week 7
- Week 4 Week 8

Total Books Read:

Programs Attended:

S'mores Collected:

Completed Reading Contract:

- Yes
- No

Extras: _____

Signature of Librarian: _____