



# ADVENTURE BEGINS AT YOUR LIBRARY™

## West Nyack Free Library Summer Reading Program 2024

Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the appropriate box below:

Independent Reader

Read With Me

*Titles of the Books I've Read*

*Date Read*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

