



Adult Summer Reading

Name: _____ Phone: _____

Email: _____

Title & Author: _____

Title & Author: _____

Title & Author: _____

Title & Author: _____

Title & Author: _____

Title & Author: _____

Title & Author: _____

**ATTEND AN ADULT LIBRARY PROGRAM?
FLIP OVER AND FILL OUT FOR EXTRA
ENTRIES!**



Adult Summer Reading

Please write which program(s) you attended to receive extra entries!

Please note that we check registration lists for confirmation.

1 program = 1 entry

Program & Date: _____

Program & Date: _____

Program & Date: _____

Program & Date: _____

Program & Date: _____

Program & Date: _____

Program & Date: _____

PLEASE BRING THIS SHEET BACK TO THE REFERENCE DESK. LAST DAY TO SUBMIT SHEETS IS SATURDAY, AUGUST 10TH. YOU CAN FILL OUT AS MANY SHEETS AS YOU WANT. THANK YOU!

CONTACT NOBOADULTS@CWMARS.ORG OR 508-393-5025 X3 IF YOU NEED ASSISTANCE