

Washington County Public Library Summer Reading Program



(*) required for registration PLEASE PRE-REGISTER BY MAY 31ST TO GUARANTEE A T-SHIRT SIZE

*Participant Name _____

*Address _____

*City _____ * State _____ * Zip Code _____

*Home Number _____ * Cell _____

E-Mail: _____

*Emergency Contact (Name and Number) _____

Participant T-Shirt (\$7.00 each) Circle one size: YS YM YL AS AM AL AXL AXXL

An Extra T-Shirt Size _____ (if you want one) Date paid _____

School _____ *Age _____ *Grade _____ (entering)

*Does your child have an allergy to any food, animals, or other items? YES _____ NO _____

If yes , Please specify: _____

*Additional Needs: _____

MURDER MYSTERY DINNER THEATER 7TH& UP (\$10 LIMITED SPACE) Date paid _____

*I give my permission for my child to be photographed and for the pictures to be used by the library in its local, public service publicity. YES _____ NO _____

*Parent/Guardian Signature : _____

*Parent: Please **PRINT** name here: _____