

# 2022 SUMMER READING PROGRAM REGISTRATION

Participant's Name: \_\_\_\_\_

Adult Contact Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Town/City \_\_\_\_\_ Zip Code \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_

Please list possible allergies: \_\_\_\_\_

\_\_\_\_\_

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