

Adventure Begins at your Library! Summer Reading Program Teen and Adult Registration

(Please print legibly)

Name: _____

Phone: _____ Email: _____

Age/Grade (for teens only): _____

Circle 1: Teen (6th-12th grade) Adult (age 18+)

Photo Permission

I understand that the Leach Public Library may take photographs and/or video of me or my child . I give the library permission to use the images solely for the purpose of promoting the library and its services and programs. This permission must be signed by a parent/legal guardian for minors under 18 years.

Print Name: _____ Date: _____

Signature: _____