

# ADULTS

# ADVENTURE — BEGINS AT — YOUR LIBRARY™



## Registration for Bellaire Public Library's **2024** Summer Reading Program

Reader's Name: \_\_\_\_\_

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

Phone or Email: \_\_\_\_\_

Favorite Genre of Book (optional): \_\_\_\_\_

Preferred Reading Format (optional):  Regular Print  Large Print  E-Book  Audiobook  Other



## Reading Contract for the **2024** Summer Reading Program **ADVENTURE - BEGINS AT - YOUR LIBRARY**

I, \_\_\_\_\_

agree to read \_\_\_\_\_ books this summer as part

of the 2024 Bellaire Public Library Summer Reading Program.

Signature of Reader: \_\_\_\_\_ Date: \_\_\_\_\_

### Reading Logs Turned In:

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 6 |
| <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 7 |
| <input type="checkbox"/> Week 4 | <input type="checkbox"/> Week 8 |

### Total Books Read:

### Programs Attended:

### S'mores Collected:

### Completed Reading Contract:

- Yes  
 No

Extras:

Signature of Librarian: \_\_\_\_\_