

TEEN REGISTRATION

2025 Summer Library Program



Reader's Name: _____ Age: _____

Address: _____

Phone or email: _____

School: _____ Grade in September: _____

My favorite book genres (check all that apply):

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> mystery | <input type="checkbox"/> romance |
| <input type="checkbox"/> fantasy | <input type="checkbox"/> science fiction |
| <input type="checkbox"/> classics | <input type="checkbox"/> suspense |
| <input type="checkbox"/> nonfiction | <input type="checkbox"/> graphic novels |
| <input type="checkbox"/> dystopian | <input type="checkbox"/> books in a series |
| <input type="checkbox"/> horror | <input type="checkbox"/> biography |
| <input type="checkbox"/> detective | <input type="checkbox"/> other _____ |

Completed program:

☐ YES ☐ NO



TEEN READING CONTRACT

2025 Summer Library Program

I, _____, do hereby promise to
read _____ books or minutes (circle one) between _____ and _____
of the year 2025. I am of junior high or high school age. Furthermore, I state
the the aforementioned pages or minutes will relate to titles that are
appropriate for my age and sensibilities.

Signature of Reader: _____ Date: _____

Signature of Librarian: _____ Date: _____