



# SUMMER READING PROGRAM

Birth-Grade 5

Name \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_

Age/Grade \_\_\_\_\_

Place a check mark in the box for each book you read,  
then turn this card in at any Collier County Public Library.

Pick up another and read all summer long!

1

2

3

4

5

Guardian consent to release child's name to their school upon completion of the program  
(elementary school only)

