

## Record for Summer Reading Challenge 2020

### THE SUMMER READING CHALLENGE LIBRARY REGISTRATION CARD

Name  Age

Address

Post Code  Telephone

Parent's email

How would you describe yourself?

Boy  Girl  Prefer not to say

Another way

Your school

New school in Sept (if you're changing school)

How did you find out about the Challenge?

School  The library  Posters/adverts

Family/friends  Taken part before  Other

If other please give details:

FIRST NAME

SURNAME

Library card number

Branch/Library code

Tick if joined library in order to take part

Tick if doing the Mini Challenge

Date/Stamp

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Tick if completed the Challenge

We may send you Challenge updates or details of library events/services and may contact you by phone, mail, e-mail or text message. Please tick this box if you, or the child, AGREE to receive details in this way.