



Teen Summer Reading 2016 Registration Form

Name _____ Age _____ Social Media Used? _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

School _____ Grade completed _____

****** Photographic and video recordings of events may be used in New Castle Public Library publicity materials and on our website. If you do not want us to use a photo or video of you or your child, please tell the Library session coordinator PRIOR to the program. Thank you!

Signature: _____



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