



## 2019 Summer Library Program

### A Universe of Stories Registration

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade in September: \_\_\_\_\_

Circle One:    Independent Reader    Family Reader

Completed Program:     Yes     No



## Reading Contract

### A Universe of Stories

I agree to read \_\_\_\_\_ books or \_\_\_\_\_ minutes this summer as part of  
the "A Universe of Stories" summer reading program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Librarian: \_\_\_\_\_





## Permission to Videotape and/or Photograph

I \_\_\_\_\_ am 18 years old or older.  
(Name, please print)

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_.  
(Name, please print) (Name, age)

I understand the City of \_\_\_\_\_ may photograph or videotape the events or activities in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of \_\_\_\_\_ and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

*Permission is not required to take part in city events.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_