

# Book Pals Registration form

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

I am available:



Days:	Times available:
Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Saturdays	
Sundays	

I will be out of town:

If you are under 12 years old, please have a parent sign below:

I, \_\_\_\_\_ give permission for my son/daughter to be a Book Pal at Bud Werner Memorial Library.

**A parent of the youngest Book Pal must commit to remaining in the library during reading sessions.**

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give this form to the children's circulation desk. The library will call you by mid-June to inform you about your Book Pal. You may set up a schedule that works for both Book Pals then.