



FIZZ BOOM READ



ENTIRE FORM MUST BE COMPLETED

YES! I would like to participate in the 2014 Summer Reading Program

Club at _____
(Name of branch library) (AGE) (M/F)

My name is: _____
(PLEASE PRINT CLEARLY)

Village of: _____

Mailing address is: _____

Please list two (2) contact numbers: _____

Do you have a GPLS Library Card? Yes No Would you like to have one? It's FREE!!!

Please complete back side also. Thank you!

Media Permission

I grant the Guam Public Library System permission to use any images captured during regular and/or special library activities thorough video, photo and digital camera, to be used solely for the purposes of the Guam Public Library System promotional material and publications and waive any rights of compensation or ownership thereto.

Parent Name (Print)

Signature / Date

How did you hear about this program? (please check all that apply)

- Staff Promotion in Library
- Have Attended Before
- Word of Mouth
- Social Media – Library Website, Facebook, Emails
- Local Media - Newspapers, Radio Stations
- School Visit
- Other _____