Guam Public Library System
Summer Reading Program 2016

INSTITUTE of Museum and Library SERVICES

ENTIRE REGISTRATION FORM MUST BE COMPLETED

YES! I would like to participate in the 2016 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? Would you like to have one?
It's FREE!!! MAIN LIBRARY: 475-4751 / 475-4752

Media Permission

I grant the Guam Public Library System permission to use photo(s) or video(s) of my child taken at the Summer Reading Club 2016 events for any future publicity purposes.

_____ _____
Parent Name (Print) Signature / Date