

Parent Name (Print) _____

Signature / Date _____

I grant the Guam Public Library System permission to use photo(s) or video(s) of my child taken at the Summer Reading Club 2012 events for any future publicity purposes. Yes No

Media Permission

**Do you have a GPLS Library Card? Would you like to have one?
It's FREE!!! MAIN LIBRARY: 475-4751 / 475-4752**

Please list two (2) contact numbers: _____

Mailing address is: _____

Village of: _____

(PLEASE PRINT CLEARLY)

My name is: _____

(Name of branch library)

(AGE)

(M/F)

Club at _____

YES! I would like to participate in the 2012 Summer Reading Program

ENTIRE FORM MUST BE COMPLETED

