



# Guam Public Library System Summer Reading Program 2017



**ENTIRE REGISTRATION FORM MUST BE COMPLETED  
(Please Print Clearly)**

YES! I would like to participate in the 2017 Summer Reading Program

Club at \_\_\_\_\_  
(Name of branch library) (AGE) (Male/Female)

My Child's Name is: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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**  Yes  No

### 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 Program 2017 events for any future publicity purposes.

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Signature / Date