



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