ADULT ENTRY SLIP Summer Reading Program '25

Your Name: \_\_\_\_\_\_

Phone Number: \_\_\_\_\_

Book Title: \_\_\_\_\_

Author: \_\_\_\_\_



Fill out an entry slip for every book, audiobook or magazine you enjoy this summer and drop it in the Adult Entry Bucket for a chance to win a prize.

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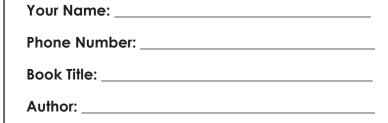
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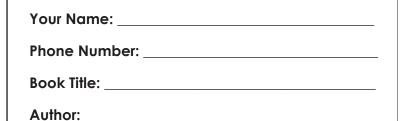
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