PAGE by PAGE

Page by Page Summer Reading Challenge Registration Form

Organization Name_____

Address_____

Email Address _____

Number of Children Participating? _____

Names and Ages of Children

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Did you sign-up with Columbus Metropolitan Library? Y / N

IF Yes, please list the Branch. _____

Please return enclosed form to 90 West Broad Street, Columbus, Ohio 43215 or by email to jnpage@columbus.gov.

PAGE by PAGE

Page by Page Summer Reading Challenge Log

Name_____

Organization_____

TITLE	AUTHOR	DATE	MINUTES READ	ADULT SIGNATURE

PAGE by PAGE

Page by Page Summer Reading Challenge Log

Name_____

Organization_____

TITLE	AUTHOR	DATE	MINUTES READ	ADULT SIGNATURE