

**South Dakota Braille & Talking Book Program
2015 Summer Reading Registration Form
"Every Hero Has a Story"**

Name _____

Address _____

City/Zip _____

Phone _____

Email _____

Division (age on June 1, 2015)

Age 0-6 ____ Age 7-11 ____ Age 12-16 ____ Age 17-21 ____

Format Braille ____ Digital ____

Send my books by (select all that apply)

Subjects ____ Books requested ____ BARD ____

Send a Catalog and newly added book list

Yes ____ (Reading Level ____) No ____

Return to: Mary Sjerven
Braille and Talking Book Program
800 Governors Drive
Pierre, S.D. 57501