Catch the Reading Bug!

Registration Form
Governor's Summer Reading Program 2008

Please complete all information on this form. Return it in the envelope provided or to the address below. This information will be used to contact you during the program.

Name: _____

Parent(s): _____

Address: _____

City: _____ State: Zip: _____

Telephone: _____

Select your age group: ___7-9 ___10-12 ___13-15

Select your reading format: ___Recorded ___Braille

Do you need a cassette player at home? ___Yes ___No

Do you need new catalogs? ___Yes ___No

Would you like help in choosing books? ___Yes ___No

Procedures for ordering books will be sent in your welcome packet.

Mail your Registration Form to:
Mary Sjerven, Program Coordinator
Braille & Talking Book Library
800 Governors Drive
Pierre SD 57501-2294

Print Form