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

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

Email (not school): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in Sept: \_\_\_\_\_\_\_ School: NMS NHS

I want Extra Credit: Yes No

Community Svc./Volunteer hours? Yes No

**2017 Nyack Library Teen Summer Reading**

**Registration Form – fill out & hand into the Teen room**

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Please register me for these events: