

100 BOOK CHALLENGE REGISTRATION FORM

Name of Participant:		Grade:
Age:	Email Address:	
Parent/Guardian Name:		
Parent/Guardian Phone number:		
Parent/Guardian Email Address:		
School Name:		
City:	Name of Teacher:	

Release Statement:

As a parent or guardian, I agree that my child will read 100 books and log into the **Young Readers Library Journal**. Should he/she complete the challenge, I agree to allow his/her picture to be displayed on our website and wall of fame. I understand that if it is discovered that my child falsifies the information in the journal, he/she will be disqualified.

I, _____

(Print name of parent/legal guardian) hereby certify the following:

I am the parent /guardian of _____

Parent/Legal Guardian Signature