



Registration

For the 2024 Summer Library Program:
Adventure Begins at Montour Falls Library!



Reader's name: _____ Age: _____

Address: _____

Parent phone & email: _____

School: _____ Grade in September: _____

Circle one: *Independent Reader* (a student who is able to read on their own.)

Family Reader (a student who is read to by a family member/guardian/helper.)

Completed program: Yes No

Adventure Begins at Montour Falls Library ! Permission to Record and/or Photograph

Permission is not required to participate in library events.

I, _____, am 18 years or older. (name, please print)

I, _____, am the parent/guardian of _____.
(name, please print)

I understand that the _____ may record or photograph the event or activity in which I am (or my child is) participating for the purpose of promoting its services and programs. I give permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

Signature _____ Date: _____

Address: _____ Zip Code: _____

Phone & email: _____