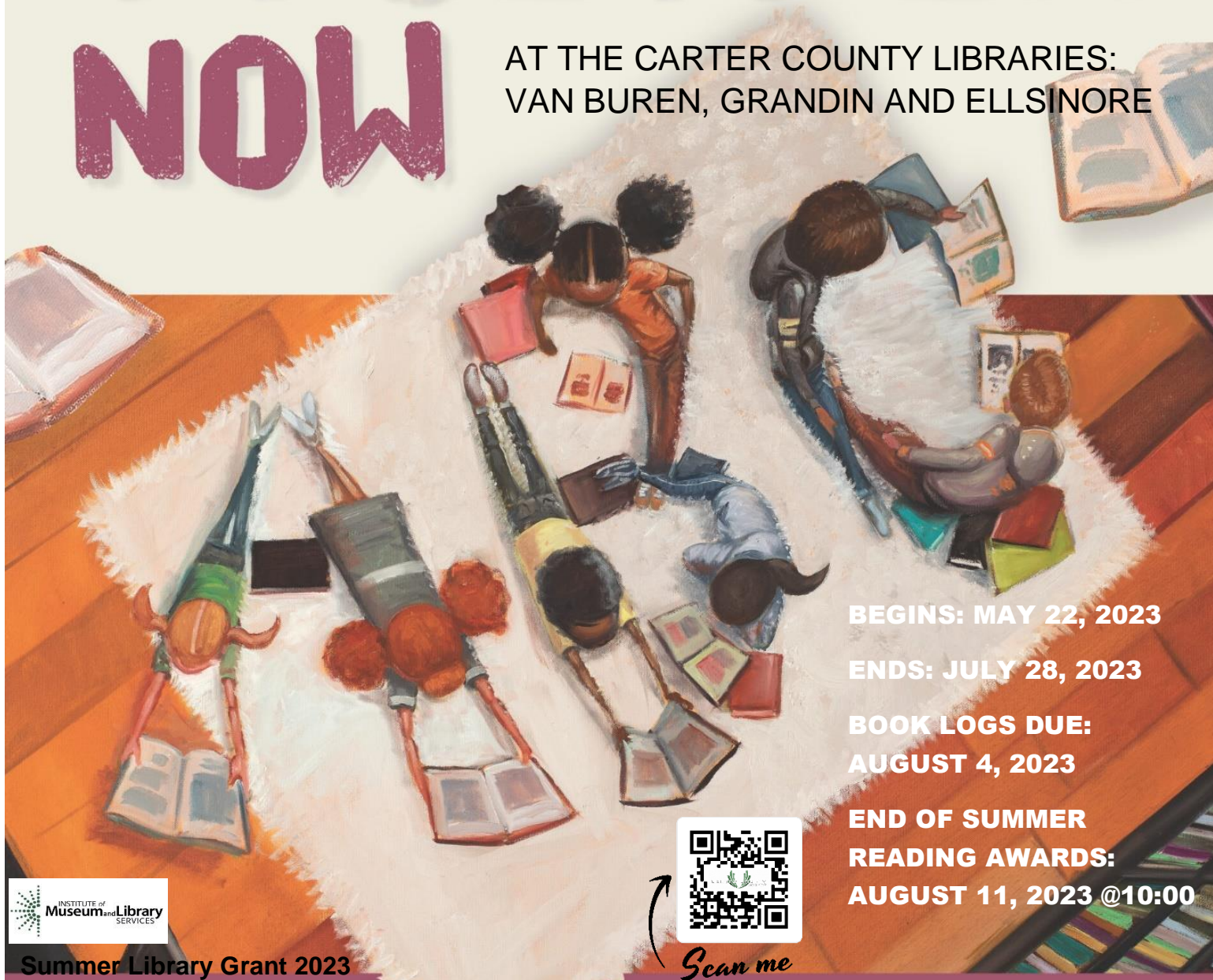


# SUMMER LIBRARY READING PROGRAM

# ALL TOGETHER NOW

AT THE CARTER COUNTY LIBRARIES:  
VAN BUREN, GRANDIN AND ELLSINORE



**BEGINS: MAY 22, 2023**

**ENDS: JULY 28, 2023**

**BOOK LOGS DUE:  
AUGUST 4, 2023**

**END OF SUMMER  
READING AWARDS:  
AUGUST 11, 2023 @10:00**



*Scan me*



**Summer Library Grant 2023**  
Made possible by the Institute of Museum and Library Services under the provisions of the Library and Services and Technology Act as Administered by the Missouri State Library, A division of the Office of the Secretary of State.

20230147 Artwork by Frank Morrison



**collaborative**  
summer library program™



# 2023 Adult Summer Reading Program

## Registration Form



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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile or Landline

Text me about upcoming events my carrier is \_\_\_\_\_

Email: \_\_\_\_\_

Email me about upcoming events

### Permission to Videotape and/or Photograph

I \_\_\_\_\_ (**Name, please print**) understand that *The Current Local*, *The Current River Observer*, or the Public Library may photograph or videotape the events or activity in which I am participating. I give my permission for the Newspaper or Library to use photographs or videotape of me for the purpose of promoting the Carter County Public Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me at this time or in the future for the use of my likeness.

*\*Permission is not required to take part in the events.\**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed Program:  Yes  No

# of books read \_\_\_\_\_ converted to # of minutes read \_\_\_\_\_



# 2023 Summer Library Reading Program Single Child Registration



Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ [ ] yes text me with upcoming events

My phone carrier is \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader      Family Reader

Completed Program: [ ] Yes [ ] No      # of minutes read: \_\_\_\_\_

**\*\*PARENTS/GUARDIANS ARE RESPONSIBLE FOR THE CONTENT AND THE MATERIALS THEIR CHILDREN BORROW FROM THE LIBRARY OR THE LIBBY APP.\*\***

### Permission to Videotape and/or Photograph

I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ . (Name, please print)

I understand *The Current Local*, *The Current River Observer*, or the Public Library may photograph or videotape the events or activity in which my child or I am participating. I give my permission for the Paper or Library to use photographs or videotape of my child or me for the purpose of promoting the Carter County Public Libraries services/programs. I give my 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 child's or my likeness.

*\*Permission is not required to take part in events. Please notify us at each event if you do not allow us permission to use photos of you or your family. \**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





Scan me

# 2023 Summer Library Reading Program Multiple Child Registration Form



Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ [ ] yes text me with upcoming events  
My phone carrier is \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader    Family Reader    Completed  
Program: [ ] Yes    [ ] No # of minutes read: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader    Family Reader    Completed  
Program: [ ] Yes    [ ] No # of minutes read: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader    Family Reader    Completed  
Program: [ ] Yes    [ ] No # of minutes read: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Circle One: Independent Reader    Family Reader    Completed  
Program: [ ] Yes    [ ] No # of minutes read: \_\_\_\_\_

**\*\*PARENTS/GUARDIANS ARE RESPONSIBLE FOR THE CONTENT AND  
THE MATERIALS THEIR CHILDREN BORROW FROM THE LIBRARY OR  
THE LIBBY APP.\*\***

## Permission to Videotape and/or Photograph

I \_\_\_\_\_ (Name, please print) am the parent or legal guardian of *listed above*.

I understand *The Current Local*, *The Current River Observer*, or the Public Library may photograph or videotape the events or activity in which my child or I am participating. I give my permission for the Paper or Library to use photographs or videotape of my child or me for the purpose of promoting the Van Buren or the Carter County Public Libraries services/programs. I give my 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 child's or my likeness.

*\*Permission is not required to take part in events. Please notify us at each event if you do not allow us permission to use photos of you or your family.\**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_