

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) (name, please print)

I understand that the New Buffalo Township Library 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 or email: _____

REGISTRATION

FOR THE 2026 SUMMER LIBRARY PROGRAM



Reader's Name: _____ Age: _____

Address: _____

Parent phone or email: _____

Reading Level: _____

Reading Levels: Read to Me - PreK - Kindergarten
JE - 1st Grade - 3rd Grade
J - 4th Grade - 6th Grade
Tween - 7th - 8th Grade
YA - 9th - 12th Grade

READING LOG

NAME: _____

Reading Level: _____

	<i>Title of Book</i>	<i>Minutes Read</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		© CSLP
Total Minutes Read		

