

Port Arthur Public Library



Texas Reading Club 2017

Child(ren) Name: _____ Age _____ Grade/ yr17-18 _____

St. Address/Zip: _____

Phone Number: _____ Date of Birth ____/____/____

Immediate Contact: _____ School: _____

Email Address _____

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Parent/Guardian Signature: _____ Date: _____

Email Address _____