Teen Summer Reading Program

Name: ____________________________
Age/Grade: ________________________
Phone: ____________________________
Email: ____________________________
Title of Book: ______________________
Author: ____________________________

Directions:
1) Read a book
2) Fill out a Reading Slip
3) Drop off the Reading Slip at the Library in the Teen Alcove of at the Youth Service Desk OR EMAIL to Katherine Kastanis at kkastanis@dunedinfl.net.