

# FAMILY WINTER READING PROGRAM LOG

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

Phone number: \_\_\_\_\_

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

Name of Participant: \_\_\_\_\_

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Age of Participant: ADULT or CHILD

Age of Participant: ADULT or CHILD

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Age of Participant: ADULT or CHILD

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 List additional books on a separate sheet of paper if needed.

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