Color 1 heart per hour read
Read February 10-19, 2024

5+ hours of reading = all public library and school library fees waived
1-4 hours of reading = $5 of fees waived for each hour read

Name:__________________________________________________________

School:_______________________________________________________

Student/Employee ID #: _________________________________________

Number of hours read: _________________________________________

Where was your favorite place to read? ____________________________

Tell us about one of your favorite characters in a book you read this week. ____________________________

____________________________________________________________

____________________________________________________________

Parent/Guardian signature: ____________________________________
(Students only)
When:  February 10-19, 2024
Who:  All students *and* teachers
What:  Read *5+* hours and have *ALL* public library and school library fees waived from your account.

Read *1-4* hours and have *$5* of fees waived for each hour read.

Where:  Anywhere...on the bus, in the car, in the library, at home, outside, in class (when your teacher says you can)

How:  Get a recording form from your librarian, *READ*, turn your form in February 20, 2024.