



Pasquotank County Library
Summer Reading Registration Form

Name: _____

Address: _____ **Phone:** _____

Parent/Guardian Name: _____

Age: ____ **Grade:** _____

Session Attending: (circle one) 10am-11:30am or 2pm-3:30pm

Do you have a regular library card and/or an e-card? (circle one) Yes or No

Emergency Contact Phone: _____

Parent/Guardian Signature: _____

***Please list any food allergies:** _____

****Registration is preferred but not required.****