

Nocona Young Readers Book Club Sign-Up Form

Child's Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____

Please circle one of the following for the age/reading level of child.

Preschool

Pre-Kindergarten

Kindergarten

1st Grade

2nd Grade

3rd Grade

4th Grade

5th Grade



- Please drop your form off at the Nocona Public Library at 10 Cooke Street and pick up your first free book for the month.
- Each child will receive one (1) free book each month to keep.
- There will be no time frame for when the child can pick up his book each month and the only requirements is child must be signed up and come in library to get his/her free book.

Parent/Guardian Signature: _____

Thank you for participating in this endeavor for young children!

"The more that you read, the more things you will know. The more you learn, the more places you'll go."— Dr. Seuss, "I Can Read With My Eyes Shut!"

Sponsored by the Friends of the Nocona Public Library