



R.E.A.D. in Beauty Bookmobile

Library Card Registration Form

Library Card# _____

Name: _____ **DOB:** _____

Parent/Guardian Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Email Address: _____

Types of Books I like to READ: _____

School Attending: _____ **GRADE level:** _____

Chapter Affiliation: _____

Date Check Out	Book#

Read. Empower. Adventure. Dream.