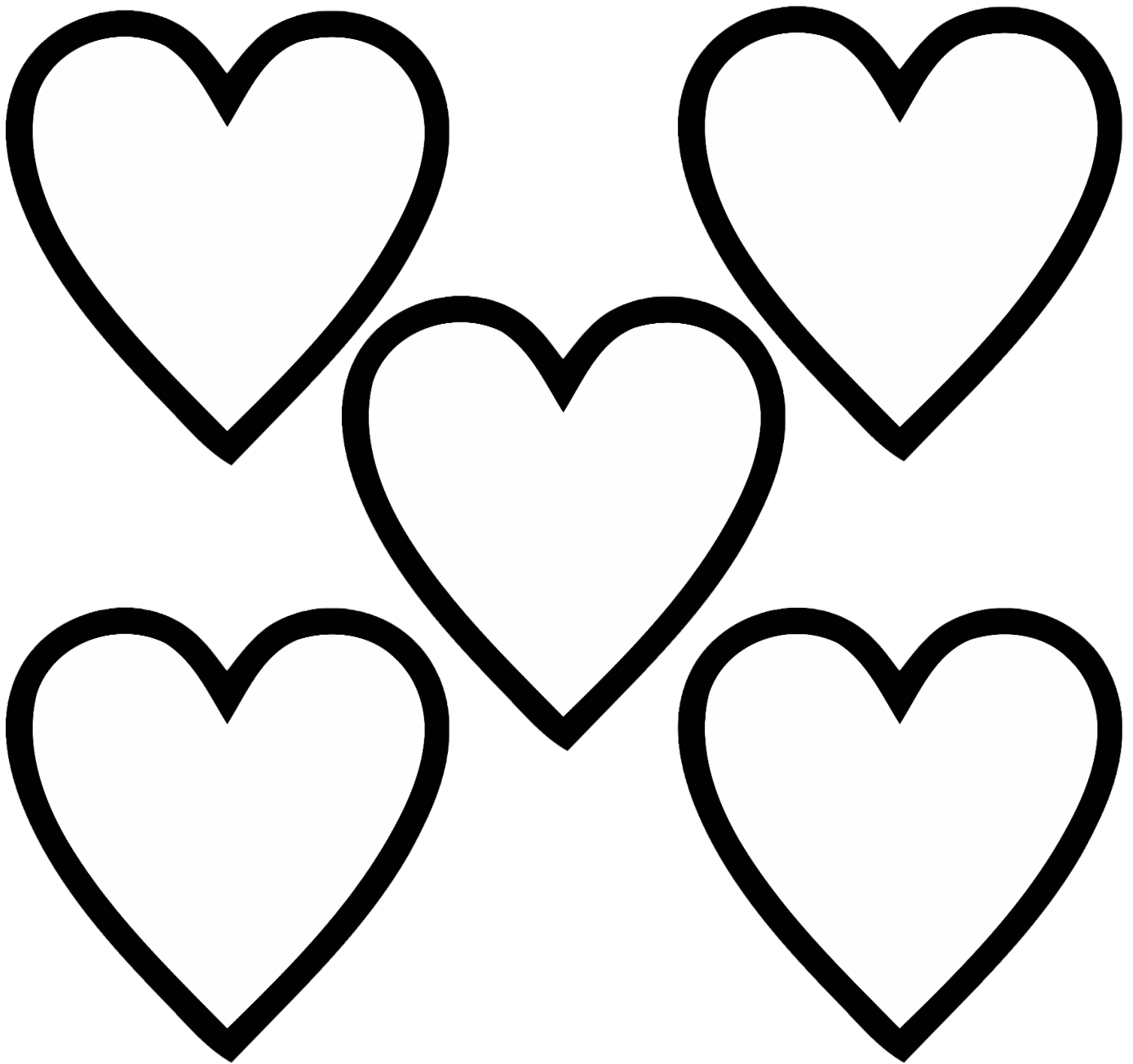




Color 1 heart per hour read





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.