

BOOK CAMP!

Turn in this reading record during your library time to receive a prize.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Name: _____

Teacher: _____

Parent
signature: _____

My child may/may not have edible prizes.

