

Imagine, Create,
Participate!

Register for the 2009 Summer Reading Program

Registration begins after school on June 1st, 2008 at the
Vinton Public Library, 510 2nd Ave., Vinton, Iowa

Name: _____

Address: _____

Phone: _____

Age: _____ Birth Date: _____ / _____ / _____
Mo/day/year

Grade in school as of August, 2009: _____

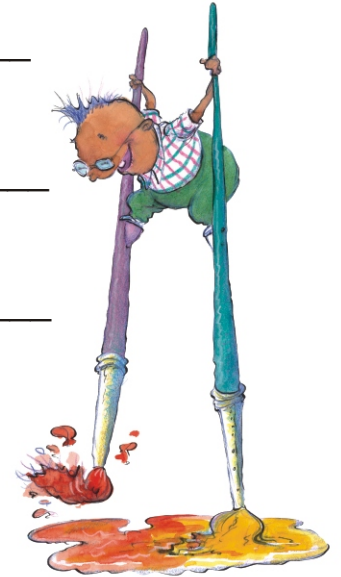
Parent/Guardian: _____



Return completed form to the Vinton Public Library.

For more information, call Sharon at 319.472.4208

Or, visit our website at www.VintonLibrary.com



  **Permission to Videotape or Photograph**  

I _____ am 18 years or older.
(Please print name)

I _____ am the parent or legal guardian of _____.
(Please print name and age)

I understand the **Vinton Library** may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the Library to use photographs or videotape of me (or my child) for the purpose of promoting the Library and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to take part in Library events.

Signature: _____ Date: _____

Address: _____

City, Zip: _____

Phone: _____

