



2017 Summer Library Program

BUILD A BETTER WORLD™

Registration

Name: _____

Address: _____

Phone: _____

Age: _____

School: _____ Grade Completed in May: _____

Circle One: Independent Reader
(can read alone)

Family Reader

(has to be read to or have assistance)

Completed Summer Library Program: Yes No



Permission to Videotape and/or Photograph

I _____ am 18 years or older. (Name, please print)

I _____ am the parent or legal guardian of _____.

(Name, please print)

(Name, age)

I understand the Greenwood-Leflore Public Libraries 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 Greenwood-Leflore Public Library System 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: _____