Dormann Library
2019 Summer Learning Program
A Universe of Stories
Youth Registration Form

Name: ___________________________ Age: _____ Sex: M or F (Please circle)
Address: ________________________________________________________________
_______________________________________________________________________
Telephone: ______________________________________________________________

Is your child participating in the JSYRC program? Yes or No (Please circle)
Parent/Guardian/ Caregiver Signature Required Below:

______________________________________________________________

By signing this form, you are giving the Dormann Library permission to use photos and videos of the above youth to promote the program in print/social media.

Return to the Dormann Library to be officially registered to win grand prizes. We need one form for each participant. Thanks!