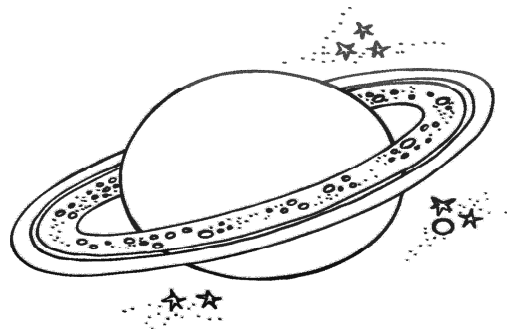


**Dormann Library**  
**2019 Summer Learning Program**  
*A Universe of Stories*  
**Youth Registration Form**



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F (Please circle)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

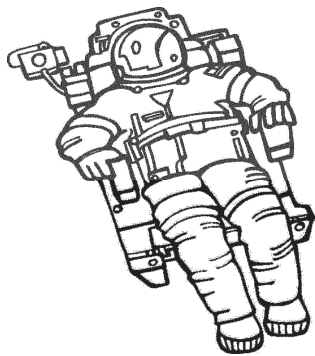
Is your child participating in the JSYRC program? Yes or No (Please circle)

Parent/Guardian/ Caregiver Signature Required Below:

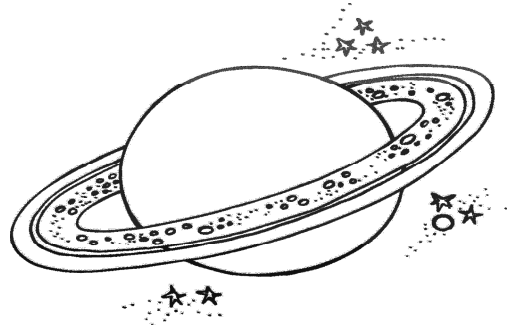
\_\_\_\_\_

*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!**



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