

PO Box 878 202 1St Street West Hanna AB TOJ 1P0

Phone: (403)854-3865 Email: library@hanna.ca

2020 SUMMER READING PROGRAM

REGISTRATION FORM

Family Name:		
Parent First Name:		
Child Name:	Age:	
Phone Number:		
i none number.		
Email:		
promote our prograr	n for the Library to use photograph is, please check the boxes below: ia promotion, including Facebook a	
☐ For posters, d within the Lib	splays or other locally produced ma ary	aterials displayed
\square In the local ne	vspapers (Hanna Herald, Coffee Bre	ak, ECA Review, etc.)
PRINT NAME	SIGNATURE	DATE