



Your Name: _____ Your Age: _____

Your Goal (How many books total do you aim to read?): _____

Directions: Use this form to track the total amount of books you have read during the Summer Learning Program. Flip over for additional lines.

BOOK TITLE & AUTHOR	# OF PAGES
1.	
2.	
3.	
4.	
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10.	
11.	
12.	
13.	
14.	
15.	

BOOK TITLE & AUTHOR	# OF PAGES
16.	
17.	
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