



Your Name: _____ Your Age: _____

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

Directions: Use this form to track the total amount of books you have read during the Summer Learning Program. Return to library staff when full to track total number of books read overall. Flip over for additional lines.

BOOK TITLE	# OF PAGES
1.	
2.	
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15.	

BOOK TITLE	# OF PAGES
16.	
17.	
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