summer reading log

Child's name:_____ **Age:** _____

Parent's name:_____ **Phone/Email:** _____

Book Title	Author	L / E

*In the far-right column please indicate whether the title is from our Library (**L**) or e-libraries (**E**)

Book Title	Author	L / E

When you have completed a reading log; drop it in the dropbox with your books **or** take a picture and send it to us at info@thompsonlibrary.com **or** send it with a message on our facebook page.