


Passport to Summer Reading

	Full Birth Name:
	Date of Birth:
	Favorite Book:
	Favorite Author:
	Favorite Place to Read:



This summer I traveled through these books:

Title: _____ **Author:** _____

Recommend it: ___ Yes ___ No Why would you recommend it or not:

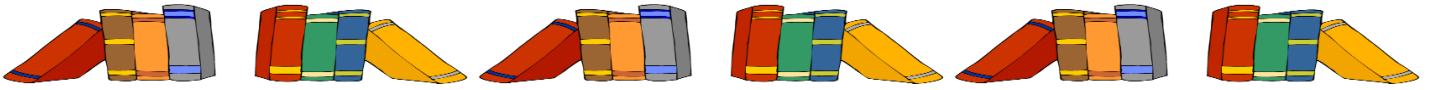
Title: _____ **Author:** _____

Recommend it: ___ Yes ___ No Why would you recommend it or not:

Title: _____ **Author:** _____

Recommend it: ___ Yes ___ No Why would you recommend it or not:





Title: _____ **Author:** _____

Recommend it: ___ Yes ___ No Why would you recommend it or not:

Title: _____ **Author:** _____

Recommend it: ___ Yes ___ No Why would you recommend it or not:

Title: _____ **Author:** _____

Recommend it: ___ Yes ___ No Why would you recommend it or not:

Title: _____ **Author:** _____

Recommend it: ___ Yes ___ No Why would you recommend it or not:

If you read more, you can always attach a separate sheet.

