

# HOT DAYS COOL BOOKS BOOK CLUB REGISTRATION FORM

**Student Name:**

**Entering Grade for '08-'09 school year:**

**Address:**

**Phone**

**Home:**

**Cell:**

**Some of your child's favorite authors:**

**Parent signature:**

**Please circle the days that your child will attend**

**Mon**

**Tues**

**Wed**

**Thurs**

**Fri**

\*There will not be any projects involving food, also please do not send your child to Book Club with any sort of snack.

\* There are no refunds

\* Any questions contact Miss Duffy