

\*Please complete one entry form for each book nook entered. Please print.

Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	County of Residence:	
E-Mail Address:		
Title of Entry:		
Scene (optional):		
Creator's Signature:		
Would you be willing to displa Yes: No:	y your entry in the Library du	uring Summer Reading 2024?
Note: If creator is younge	r than 18 years of age, the parent/g	guardian must sign below.
Age of Child:		
Parent/Guardian Signature:		
Bring com	npleted form(s) along with di Madison Library District 73 North Center Rexburg ID 83440 208-356-3461	orama to:
All entries must	be completed and submitted by 5PI	M April 08, 2024.

By submitting your entry, you indicate that you have read and agree to all contest rules. Questions? Contact the Madison library District at 208-356-3461.