

# NCPL Adult Summer Reading VIRTUAL BOOKMARK



IMAGINE  
YOUR STORY

CHECK OFF A BOX FOR EVERY **30** MINUTES YOU READ

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Prize Letter: \_\_\_\_\_