

BARNES & NOBLE SUMMER READING

with ANDREW CLEMENTS

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

PARENT / GUARDIAN NAME: _____ PARENT / GUARDIAN PHONE # or EMAIL: _____

PARENT / GUARDIAN SIGNATURE: _____

TITLE and AUTHOR	FAVORITE PART OF THE STORY
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

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