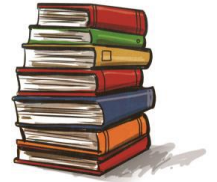




# 2017 SUMMER READING LOG



## PASSAIC PUBLIC LIBRARY

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NAME: \_\_\_\_\_

Week of: \_\_\_\_\_

BOOK #	BOOK TITLE	TIME SPENT READING (in minutes)	DATE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>THIS AREA IS TO BE COMPLETED BY LIBRARY STAFF:</b>			
<b>TOTAL NUMBER OF BOOKS READ:</b>		<b>TOTAL TIME SPENT READING:</b>	<b>LOG RETURNED ON THURSDAY: _____, 2017</b>

**TO CLAIM YOUR PRIZE, RETURN YOUR LOG TO THE LIBRARY  
EVERY THURSDAY: 7/13, 7/20, 7/27, 8/3, 8/10 & 8/17.**

**MAIN LIBRARY**  
195 GREGORY AVENUE  
PASSAIC, NJ 07055  
(973) 779-0474

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