Rea TM For	e Sumr ildren's ading undation e Mid-Columbia	mer Read Up Request
DATE:	AGENCY:	
CONTACT NAME: TITLE:		
PHONE: E-MAIL ADDRESS:		
Event Start date:Event End date:Time of Event: Number of weeks (up to 8):		
Day of week:		
Mondays		Thursdays
Tuesdays		Fridays
Wednesdays Saturdays		Saturdays
Number of Adults expected: Number of Children expected:		
Number of books requested per age group:		
Age	English	Spanish
0-1		
2-3		
4-5		
6-8		
Please tell us what kind	l of organization you are:	
For Profit	Non-Profit	Day Camp
Summer School Other:		
 When, where, and to whom d How do you use READ Up be A story from your summer RE particularly enjoyed. Any pictures you'd be willing 	s are asked to complete a summary id you distribute the books this summer? boks to support your summer literacy progra AD Up program, either from one of your re- to share with consent of those pictured and erving communities in Benton a se remit your application to or if you ha Emma Barnes, Operation Email: opsmgr@read20minutes.com	ramming? read-alouds, or perhaps about a book a child or family ad/or their parent/guardian. and Franklin Counties! ave any questions please contact fons Manager <u>n</u> Phone: 509.222.7323 t in literacy and early learning.