## Summer Read Up Request



DATE: $\qquad$ AGENCY: $\qquad$
CONTACT NAME: $\qquad$ TITLE: $\qquad$
PHONE: $\qquad$ E-MAIL ADDRESS: $\qquad$

Event Start date: $\qquad$ Event End date: $\qquad$ Time of Event: $\qquad$
Number of weeks (up to 8): $\qquad$
Day of week:
$\square$ Mondays
$\square$ Tuesdays
$\square$ Wednesdays
$\square$ Thursdays
$\square$ Fridays Saturdays
Number of Adults expected: $\qquad$ Number of Children expected: $\qquad$
Number of books requested per age group:

| Age | English | Spanish |
| :---: | :---: | :---: |
| $0-1$ |  |  |
| $2-3$ |  |  |
| $4-5$ |  |  |
| $6-8$ |  |  |

Please tell us what kind of organization you are:
$\square$ For Profit $\square$ Non-Profit
$\square$ Day Camp
$\square$ Summer School Other: $\qquad$

Participating organizations are asked to complete a summary report detailing:

- When, where, and to whom did you distribute the books this summer?
- How do you use READ Up books to support your summer literacy programming?
- A story from your summer READ Up program, either from one of your read-alouds, or perhaps about a book a child or family particularly enjoyed.
- Any pictures you'd be willing to share with consent of those pictured and/or their parent/guardian.

Serving communities in Benton and Franklin Counties!
Please remit your application to or if you have any questions please contact Emma Barnes, Operations Manager
Email: opsmgr@read20minutes.com | Phone: 509.222.7323

