



# 2012 Reading All-Stars Program

School: \_\_\_\_\_

Name (print first & last name): \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  Extra Large

Book Title and Author	Date Started	Date Finished	Parent, Guardian, Or Teacher Initials
1.			
2.			
3.			
4.			
5. (If required)			

\_\_\_\_\_  
Student Signature