



Reading Log

Participant Name: _____ School Grade: _____

Parent/Guardian Name: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

#	Date Started	Book Title & Author	Date Ended
1			
2			
3			
4			
5			
6			
7			
8			
9			
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11			

12			
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24			
25			

I give my child permission to participate in West Virginia's Dolly Days Read-a-Thon and to receive materials related to the program. I confirm that the information provided on the Reading Log is accurate.

Parent/Guardian Signature: _____ Date: _____

Reflection (optional)

In the box below, draw a picture of your favorite book or moment from the Read-a-Thon.
Drawings may be on public display at the West Virginia State Library.

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