



page _____ of _____

[illegible]

RECREATIONAL READING

Total minutes for this page _____

Total minutes on all pages _____

Student's Name: _____ School Name: _____ Grade: _____

FOR THE PARENT: I certify that this student has completed 10 hours of reading for recreation.

Parent's Signature (REQUIRED FOR PARTICIPATION)

Teacher's Signature (LATE FORMS WILL NOT BE ACCEPTED)

Parent email: _____
(REQUIRED)

Your student will receive their ticket via email ONLY.

Must use an email with an existing Silverwood Guest Account.

To create an account go to sw4.fun/Account BEFORE returning this form.

