

State Rep. Vanessa Brown Youth Program

# SIGN-UP

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Telephone \_\_\_\_\_

Parent's Email \_\_\_\_\_

**Yes, I want to sign-up for Rep. Brown's...**

\_\_\_\_\_ Summer Reading Games (June-August)

