

BOOK CLUB COMPLETION FORM

BOOK TITLE	BOOK AUTHOR	DATE COMPLETED	PARENT SIGNATURE		
TEACHER SIGNATURE:					
TEACHER SIGNIATURE.					
CONTACT EMAIL:					
ADDRESS:					
DATE OF BIRTH:	GRADE:				
STUDENT NAME:					
TEACHER NAME:					
SCHOOL NAME:					

BOOK TITLE	BOOK AUTHOR	DATE COMPLETED	PARENT SIGNATURE
	iPla		
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Completion forms must be submitted to Savannah Beyer via email to savannahb@iplayamerica.com by Sept 23, 2024.

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