



# Book Buddies

## 2020-2021

### Reenrollment Form

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

**Name:** \_\_\_\_\_

**Returning** \_\_\_\_\_

**Please complete the rest of the form below.**

**Day preference:** \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ No preference

**Not returning** \_\_\_\_\_

**Please explain:** \_\_\_\_\_

Thank you for returning to volunteer as a Book Buddy! Please help us update your information for the 2020-2021 school year.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone - Home/Cellular: \_\_\_\_\_ Office: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHOTO RELEASE & CONSENT

I give permission for myself, \_\_\_\_\_ to be photographed and/or videotaped by the media and representatives of the Book Buddies Program in conjunction with activities associated with Bartholomew Consolidated School Corporation and Bartholomew County Literacy Task Force.

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_