

THE HOBSON CITY SUMMER READING PROGRAM 2022

**Return form to: 610 Martin Luther King Drive
Hobson City, AL 36201 (256) 831-7069
hobsoncitylibrary@bellsouth.net**

Date: _____

Name: _____ **Age** (circle one): **Youth** **Teen** **Adult**

Phone: _____ **Email:** _____

Do you agree to the [summer reading guidelines](#)? ____ **Yes** ____ **No**

Signed: _____
Parent or legal guardian **Print Name**

Complete this form and return it to the library or email the completed form to us at
hobsoncitylibrary@bellsouth.net

The summer reading program is sponsored by the *Friends of the Library*.

**[Please click here to Read the
Summer Reading Guidelines](#)**