



# Stillmeadow Reading Olympics Participant Form

\*\*\* Complete and Return this Form to School on Thursday, March 1 \*\*\*

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Which category would you like to earn a medal in?

*Please select one box.*

	<b>Alpine Skiing:</b> read 5 picture books
	<b>Snowboarding:</b> read 8 chapters in a book of choice
	<b>Figure Skating:</b> read 30 minutes each night of the Olympic Reading Challenge
	<b>Bobsleigh:</b> read two books by the same author
	<b>Speed Skating:</b> read a book with more than 250 pages
	<b>Ice Hockey:</b> you and two friends must read the same book

<b>Title</b> (if you run out of room, you may write on the back of this sheet)	<b>Author</b>

**Parent/Guardian Statement:** I certify that my child completed this reading challenge in its entirety between Monday, February 26 and Wednesday, February 28th.

**Signed:** \_\_\_\_\_