

If your child would like to join the DIS Book Club, return this form to DIS Librarian Mrs. Green. Thanks!



DIS BOOK CLUB

Name: _____

HR: _____ Grade: _____

Parent's email _____

PLEASE KEEP THE INFO BELOW

DIS BOOK CLUB DAYS -

THURSDAY MORNINGS - 8:00-8:30 (IN THE LIBRARY)

BEGINNING OCTOBER 5. FUTURE DATES TO BE ANNOUNCED.