

2017 READING PROGRAM REPORT

Please complete this form and send it to your district program resources secretary by August 15, 2017.

Eastern Sunrise

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Glacial Lakes

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LOCAL ORGANIZATION/CHURCH NAME: _____

CITY: _____ STATE: _____ DISTRICT: _____

NAME OF PERSON COMPLETING THIS REPORT: _____

Member's Name _____ Plan I II III IV (Circle One)

	<u>List All Books Read</u>	<u>Category</u>	<u>Reading List Year</u>
1.			
2.			
3.			
4.			
5.			

Member's Name _____ Plan I II III IV (Circle One)

	<u>List All Books Read</u>	<u>Category</u>	<u>Reading List Year</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Member's Name _____ Plan I II III IV (Circle One)

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