



YOUR CHILDREN'S BOOKSHELF

Child's First Name: _____

Age: _____ Grade Reading Level: _____ Gender: _____

Favorite Color: _____ Favorite Animal: _____

Favorite Author: _____

Other favorite things or interests (Please check as many items that apply):

Dinosaurs Nature Cars Non-fiction

Princesses Sports Trucks Science fiction

Superheroes Animals Trains Fantasy Mysteries

Other items: _____

Name of person requesting books: _____

Relationship to Child: _____

The team at Your Children's Bookshelf will select 6 gently used books based on interests and age/reading level. Your books and Totes will be delivered to GECRC within a timeframe agreed upon.

www.yourchildrensbookshelf.org

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Books**