Series/Genre Bookmark	Series/Genre Bookmark	Series/Genre Bookmark
Name:	Name:	Name:
Teacher:	Teacher:	Teacher:
Bookmark Category:	Bookmark Category:	Bookmark Category:
Teacher Preapproval:	Teacher Preapproval:	Teacher Preapproval:
# of Books to Read:	# of Books to Read:	# of Books to Read:
1.	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
Date Date Started: Ended:	Date Date Started:Ended:	Date Date Started:Ended:

Upon completion obtain

Parent Signature: _____

Upon completion obtain

Parent Signature:

Upon completion obtain

Parent Signature: _____