



Series/Genre Bookmark

Name: _____

Teacher: _____

Bookmark Category:

Teacher Preapproval: _____

of Books to Read: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Date Started: _____ Date Ended: _____

Upon completion obtain

Parent Signature: _____



Series/Genre Bookmark

Name: _____

Teacher: _____

Bookmark Category:

Teacher Preapproval: _____

of Books to Read: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Date Started: _____ Date Ended: _____

Upon completion obtain

Parent Signature: _____



Series/Genre Bookmark

Name: _____

Teacher: _____

Bookmark Category:

Teacher Preapproval: _____

of Books to Read: _____

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10. _____

Date Started: _____ Date Ended: _____

Upon completion obtain

Parent Signature: _____