T.I.G.E.R. READING CLUB BOOK LIST

MONTH_____ DUE _____ At 8:30am

NAME_____ GRADE _____ ROOM#_____
First and Last Name

TEACHER_____

Title	Pages	Parents Initials

Parents must total and sign pages to be valid. Please fill out all information on top.

PARENTS SIGNATURE _____ TOTAL PAGES _____

Title	Pages	Parents Initials

PLEASE LIST TOTAL NUMBER OF PAGES ON FRONT OF SHEET.