**SCHOOL APPLICATION FORM**

School: Name of school

School’s RLC Coordinator: Name of RLC Coordinator

Telephone(s): Telephone number(s)

I prefer to communicate via (choose one): [ ]  Email [ ]  Telephone

**YES, WE WILL PARTICIPATE IN THE READING LINK CHALLENGE! 🗹**

Number of teams: Number of teams (2 to 6 teams, 6 people per team)

*\*\*When estimating the number of teams from your school, please try to be realistic. Take into account that some children will drop out, some will not get the books read, and some may even want to join later!*

Please complete and return this application by **fax or email** before Enter time

on Enter date to:

Your name

Your position

Your library

Your email

Your phone