



POINT CONTEST ENTRY FORM

Date _____

Name of District _____

Name of School _____

Address _____

City _____

State _____

Zip Code _____

Phone Number _____

Email Address _____

Best time to call _____

GRADES K-2

Name of student _____

Grade _____

Points Accumulated _____

GRADES 3-5

Name of student _____

Grade _____

Points Accumulated _____

GRADES 6-8

Name of student _____

Grade _____

Points Accumulated _____

GRADES 9-12

Name of student _____

Grade _____

Points Accumulated _____

I have read the contest rules and certify that these points are accumulated by the named students.

*Please send this form along with the Awards Report from SRC! to: Scholastic Reading Counts!®,
524 Broadway, 10th floor, NY, NY 10012, Attn: D. Glass.*

Signature: _____

Printed Name: _____

Title: _____

Date: _____