Name_			Grade		A or B
	Include First and Last Name	St. Rose Reading Incentive Program			Please Circle
Date	Books Read	St. Rose reading meentive Program			
		Time Started	_Finished	Total Time	
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(Younger readers may include additional book titles on the other side of the page)		Total – 100 Minutes			
Parent	Signature	Date	Each slip should hav 100 Minutes		ve exactly

Name_		Grade		A or B	
Date	Include First and Last Name Books Read	St. Rose Reading Incentive Program			Please Circle
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(Younger readers may include additional book titles on the other side of the page)  Total – 100 Minutes —					
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