

Name _____ Grade _____ **A or B**
Include First and Last Name St. Rose Reading Incentive Program Please Circle

Date	Books Read	Time Started	Finished	Total Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Younger readers may include additional book titles on the other side of the page) Total – 100 Minutes _____

Parent Signature _____ Date _____ **Each slip should have exactly 100 Minutes**

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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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