

SRA 2010 Reading Record (Summer Reading for Adults)



Name: _____

Phone Number where you can be reached: _____

Title of Book Read: _____ Author: _____

Date Completed: _____ Fiction _____ Non-Fiction

Please rate this book: (not recommended) 1 2 3 4 5 (highly recommended)

Brief comment concerning book: _____

Title of Book Read: _____ Author: _____

Date Completed: _____ Fiction _____ Non-Fiction

Please rate this book: (not recommended) 1 2 3 4 5 (highly recommended)

Brief comment concerning book: _____

Title of Book Read: _____ Author: _____

Date Completed: _____ Fiction _____ Non-Fiction

Please rate this book: (not recommended) 1 2 3 4 5 (highly recommended)

Brief comment concerning book: _____

Title of Book Read: _____ Author: _____

Date Completed: _____ Fiction _____ Non-Fiction

Please rate this book: (not recommended) 1 2 3 4 5 (highly recommended)

Brief comment concerning book: _____

Title of Book Read: _____ Author: _____

Date Completed: _____ Fiction _____ Non-Fiction

Please rate this book: (not recommended) 1 2 3 4 5 (highly recommended)

Brief comment concerning book: _____

When completed return this form by July 20th to Braswell Memorial Library
727 N. Grace St. Rocky Mount, NC 27804
Attention: Adult Summer Reading