

Please fill out the attached application. By signing the application, both parent and student agree to the student's commitment to attending the Battle of the Books Club and maintaining appropriate behavior.

BATTLE OF THE BOOKS APPLICATION

Name_____Grade_____

Teacher_____Lexile_____

Parent Signature_____

Phone Number_____

Please write in complete sentences and give a **reasonable answer**. Explain why.

1. Why do you want to be in the Battle of the Books Club?
2. What makes a good reader?
3. Will you come to the Battle of the Books meetings? (They are every other Monday during lunch)
4. Do you prefer to work by yourself or others? Why?
5. What kind of books do you like to read?

Please turn in your applications to Mrs. Short. Thank you!!!!