## New York State Assembly Excellence in Reading Certificate

## Information form

Child's name	
School 1	
D +/G 1: •	
Parent/Guardian name	
A 11 A	
Address 1	
Address 2	
Address 2 J	
Phone 1	Email 🕽
Number of days completed	
Favorite book read this summe	er 🕽
Number of years participated	in the Summer Reading Challenge 🕯
<b>(</b> )	
To receive your cer	tificate, please complete the above form and send it with the attached calendar to:
	Assemblyman Edward P. Ra
	•

925 Hempstead Turnpike, Room 350 Franklin Square, NY 11010