

Birthday Book Order Form

Student's Name _____ **Class** _____

(1) Title of Book _____

(2) Title of Book _____

(3) Title of Book _____

Birthdate _____

Amount Enclosed (\$10 per book) _____

Date Ordered _____

Parent's Signature _____

***Please return this form in a separate envelope to "Birthday Books c/o LMC"**