

Collaborative Summer Library Program Materials  
2010 Collaboration Form

School District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ (no P.O. Box)

City/State/Zip: \_\_\_\_\_

Grade levels included in the 2010 summer reading program: \_\_\_\_\_

Enrollment in grade levels included: \_\_\_\_\_

Describe how the CSLP Summer Library Program materials will be used in your school program:

Name of your cooperating public library (or library branch)? If there is no Summer Reading Program at the local public library, please indicate that.

How will you cooperate with your local public library in this plan? If there is no public library service in your area, you may partner with the Missouri State Library.

I agree to submit participation numbers to Missouri State Library Summer Reading Program survey at <http://www.sos.mo.gov/library/development/srpsurvey> or to submit my participation to the local public library \_\_\_\_\_ (public library name).

Yes

No

I agree to abide by the CSLP Rules of Use provided shipment and posted at [www.csllpreads.org](http://www.csllpreads.org).

Yes

No

Name of person making application: \_\_\_\_\_

Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please complete and fax to DESE at 573-526-0651 by November 15, 2009 (one per district please).