

READING CHALLENGE TICKET

Child's name (print) _____

Parent/legal guardian (print) _____

Parent/legal guardian (signature) _____

Contact info: (e-mail or address, and telephone number) _____



Book title _____

Date completed _____



Book title _____

Date completed _____



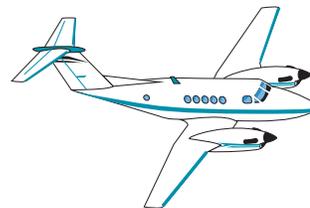
Book title _____

Date completed _____



Book title _____

Date completed _____



Book title _____

Date completed _____



Book title _____

Date completed _____



Book title _____

Date completed _____



Book title _____

Date completed _____



Book title _____

Date completed _____

Any type of transportation

Book title _____

Date completed _____

Any type of transportation

Send completed ticket to:

Wisconsin Department of Transportation, Office of Public Affairs, PO Box 7910, Madison, WI 53707-7910