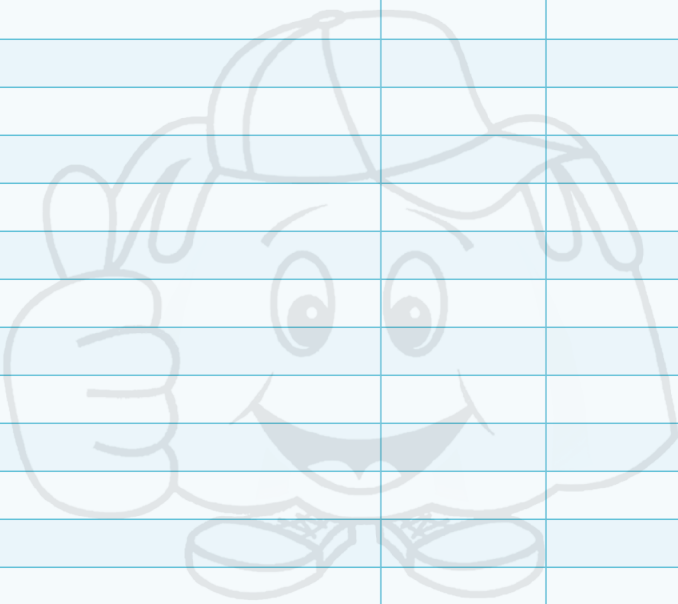
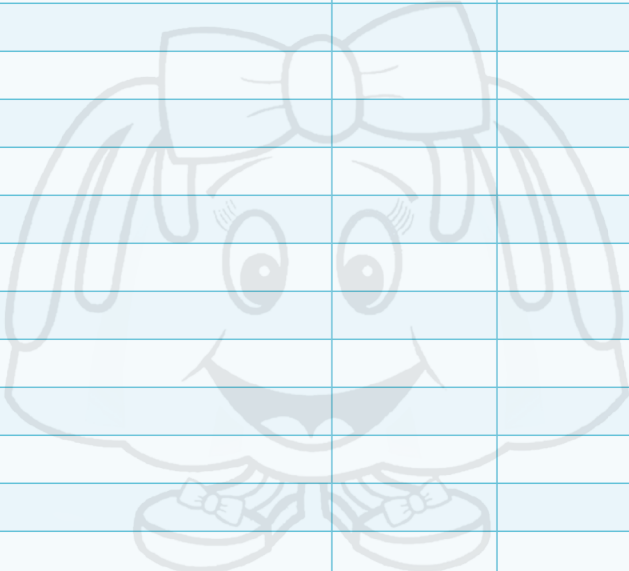


Month/Year: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

DATE	NAME OF BOOK	MINUTES	PARENT SIGNATURE
			
			
<b>TOTAL MINUTES READ:</b>			

Gainesville, GA  
1979 Jesse Jewel Parkway Suite 104  
Gainesville, GA 30501  
gainesville-ga@nothingbundtcakes.com

A Youth Reading Program by



**Once you have read for 400 minutes this month, bring your tracker to the bakery for a FREE BUNDTLET!**



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