

Legend Acres 2017 Riding and Reading Program

Student Name _____

Parent Name _____

	Book Name	Date Completed	AR Level/Points	Parent Initials
Book 1				
Book 2				
Book 3				
Book 4				
Book 5				
Book 6				
Book 7				
Book 8				

I the above named parent verified that the above named student as read the above stated 8 books
and has permission to participate in the Reading and Riding Program at Legend Acres.

Parent Signature: _____ Date: _____