

# C.L.O.V.E.R. Book Report Form

Deadline: 6/19/09

Name \_\_\_\_\_

Club \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_

Author \_\_\_\_\_ Points:

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Summary: \_\_\_\_\_

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Title \_\_\_\_\_

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Author \_\_\_\_\_ Points:

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Summary: \_\_\_\_\_

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I accept responsibility for monitoring and approving all reading material and activities chosen by my child to

participate in this program

Parents Signature \_\_\_\_\_

Return to:: David C. Crawford, M.S.,  
Ohio State University Extension, Stark County.  
Suite 100  
2650 Richville Drive SE  
Massillon, Ohio 44646

Title \_\_\_\_\_

Author \_\_\_\_\_ Points:

Summary: \_\_\_\_\_

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Title \_\_\_\_\_

Author \_\_\_\_\_ Points:

Summary: \_\_\_\_\_

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Title \_\_\_\_\_

