

Name: _____ Grade _____ Teacher _____
 (You won't know who your teacher will be until later)

PPCA Summer Reading Book Bingo: students entering 5G-6G

- **Required** to participate in the Summer Reading Celebration!
- **Read** books that fit the categories/boxes on the Book Bingo Form.
 - **Read 2 or 3 books** = **Ticket** to Summer Reading Celebration (**OR 1** chapter book of your choice)
 - **Read 4 to 19 books** = **Ticket** plus a Yummy **Treat** (**OR 2** chapter books of your choice)
 - **Read 20 books** (the most!) = **Ticket, Treat** + a **Goodie Bag** (**OR 4** chapter books of your choice)
- **Record** the titles of the books that you read on the back of this form.
- **Turn in** the completed form to your teacher during the first week of school in August so that you may play during our Summer Reading Celebration in September!

PARK	PLACE	CHRISTIAN	ACADEMY	'SADERS
Extra GRACE (Free Space) From your teacher	1. Read a mystery, puzzle, or Seek+Find book	2. Read an entire book from the New Testament	3. Read a biography or autobiography about a well-known person	Extra GRACE (Free Space) From your principal
4. Go outside and read a book (ANY kind)	5. Read a book of my own choice (ANY kind)	6. Read a book about science	7. Read a book of my own choice (ANY kind)	8. Read a book that you loved as a younger child
9. Read an entire book from the Old Testament	10. Read a book that is part of a series of books	Extra GRACE (Free Space) from God Almighty!	11. Read a book while in your pajamas	12. Read a book out loud (ANY kind) to an adult
13. Read a book about an animal, bird, or fish	14. Read a chapter from the New Testament	15. Read a book about sports, crafts, or games	16. Read a chapter from the Old Testament	17. Read a joke, riddle, rhyming, or poetry book
Extra GRACE (Free Space) From your librarian	18. Read a fairy tale, fable, or folk tale book	19. Read a Bible story that teaches about God	20. Read a book out loud (ANY kind) to a child or pet	Extra GRACE (Free Space) From your minister

Use the BACK of this form to record the titles you read.

Name: _____ Grade _____ Teacher _____

Check which assignment you chose: ☐ Bingo Board ☐ Chapter Books

Record the titles of the books that you read on this side of the form.

No.	Date	Title	Parent Initials
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