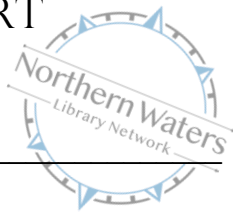


# 2024 NWLN PASSPORT Prize Entry Form



Name

Parent/Guardian name (if under 18)

Address

City, State Zip

Phone

Email

Home Library: \_\_\_\_\_

How should we contact you if you win a prize?

Phone     Email

Yes, please add me to my library's email list!

OVER →

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Thanks for participating in the  
2024 NWLN Passport Program!

**What was your favorite place or adventure?**

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FOR LIBRARY USE ONLY

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