



<b>Date</b>	<b>Title of Book</b>	<b># of Nights <i>Teacher fills in</i></b>
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		
____ / ____ Month Day		