

Mystery Box Questionnaire

**STUCK ON WHAT TO READ NEXT?
LET US HELP YOU OUT!**

**For Ages
11 - 18**

YOUR NAME: _____

EMAIL OR PHONE: _____

YOUR AGE: _____

DESCRIBE YOUR IDEAL BOOK IN A FEW WORDS: _____

WHAT IS YOUR FAVORITE BOOK? _____

WHAT IS ONE BOOK YOU DIDN'T LIKE? _____

CHECK OFF ANY GENRES YOU ENJOY:

- | | |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> ACTION/ADVENTURE | <input type="checkbox"/> ACTION/ADVENTURE |
| <input type="checkbox"/> DYSTOPIAN | <input type="checkbox"/> MYSTERIES |
| <input type="checkbox"/> FANTASY | <input type="checkbox"/> ROMANCE |
| <input type="checkbox"/> HISTORICAL FICTION | <input type="checkbox"/> SCIENCE FICTION |



CHECK OFF ANY GENRES YOU ENJOY:

HORROR

MYTHS & LEGENDS

SUPERHEROES

POETRY

MANGA

SPORTS FICTION

NON-FICTION

LGBTQIA+ FICTION

IF YOU PREFER NON-FICTION, WHAT SUBJECTS
ARE YOU INTERESTED IN? _____

FAVORITE COLOR: _____

Taking the Next Steps:

FOLD UP YOUR FORM AND SUBMIT IT TO THE DROP BOX NEXT TO THE FORMS. ONCE WE RECEIVE YOUR FORM, WE'LL PUT TOGETHER A BOX OF BOOKS & GOODIES FOR YOU TO ENJOY! THE BOX & BOOKS NEED TO RETURN, BUT THE GIFTS ARE YOURS TO KEEP!

WE'LL EMAIL YOU WHEN YOUR BOX IS READY FOR PICK UP!



INTERESTED IN HEARING MORE ABOUT OUR UPCOMING TEEN PROGRAMS? SCAN THE QR CODE TO SIGN UP FOR OUR NEWSLETTER!