



KOVAR'S SATORI ACADEMY READING PROGRAM

Read ten books appropriate to your age and receive a STAR!

NAME _____

BOOK	AUTHOR	DATE COMPLETED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature & Date

Return this form to your instructor during class to receive your star!!!!