

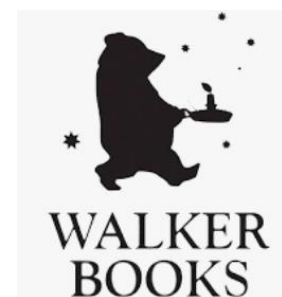
ROWVILLE PRIMARY SCHOOL READATHON Monday 27th July to Friday 21st August 2026

Dear Parents/Carers,

After the success of previous readathons, we are thrilled to announce the upcoming 2026 readathon! The aim is to celebrate the wonders of reading and the joy it brings into our lives, to ignite the passion of reading and to open the doors to a world of knowledge and imagination whilst raising money for our school. The exciting news is that we have been sponsored by many generous book publishers and independent book shops, which will enable us to put together some great prizes.

It is easy to participate. All your child needs to do is read (or have books read to them) as many books as possible during the readathon period and keep a record of the books they have read. Students may be sponsored per book. Alternatively, sponsors may wish to make a flat donation. To motivate our younger generation to embrace reading and get involved, we ask parents to encourage their children to participate.

In addition, **provided you return your sponsorship money and form by Friday 4 September 2026**, you will be in the running to win one of our fantastic book packs. Prizes will be awarded in categories (Junior, Middle and Senior School prizes) to those that raise the most money and/or read the most books.



ROWVILLE PRIMARY SCHOOL READATHON 2026

SPONSORSHIP FORM



CHILD'S NAME GRADE

SPONSORS NAME	AMOUNT PER BOOK	BOOKS COMPLETED	DONATION RECEIVED	TOTAL AMOUNT
			TOTAL DUE	\$

- All money raised and this form to be returned to school no later than Friday 4th September 2026 to be in the prize draw
- If you require more sponsorship forms, please see the office staff.

PAYMENT DETAILS: I enclose \$.....

I wish to pay by: ☐ Cash ☐ Credit Card (please complete details below)

PLEASE DEBIT MY CREDIT CARD

☐ VISA ☐ MASTERCARD AMOUNT: \$.....

(Please note American Express & Diners Club not accepted)

CARD NUMBER:

--	--	--	--

Expiry Date: ____/____ CVC Number.....

			/ /
CARD HOLDER'S NAME (Please Print)	CARD HOLDER'S ADDRESS (Please Print)	CARD HOLDER'S SIGNATURE	DATE

I PAID BY QKR ☐

AMOUNT \$

QKR Receipt #.....

READING RECORD

Don't forget – books read in class count!

Number	Title of Book	Date Read
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		