**2025-2026 WTBBL Pen-Pal Program**

November 1 – April 30

Make a new friend this school year by participating in the WTBBL Pen-Pal Program! The Pen-Pal program is open to all students in grades 1-12. It’s a great way for students to practice reading & writing in braille or large print, while making new friends around the state.

Students are matched with another WTBBL youth patron by reading grade level and medium (braille or large print). **All letters are mailed to WTBBL, and WTBBL will forward the letters to the pen-pal.** Pen-Pal Guidelines, including suggested writing prompts, will be provided to registered students. **Students are required to write at least three letters before the deadline of April 30th.**

Please fill out and return the attached Registration Form to [erin.groth@sos.wa.gov](mailto:erin.groth@sos.wa.gov)

Or Washington Talking Book & Braille Library

C/O: Youth Services

2021 9th Ave, Seattle WA 98121

by **Friday October 24th**

**Washington Talking Book & Braille Library**

**2023-2024 Pen-Pal Registration Form**

Return this form by **Friday October 24th 2025** to [erin.groth@sos.wa.gov](mailto:erin.groth@sos.wa.gov) or   
WTBBL C/O Youth Services at 2021 9th Avenue, Seattle, WA 98121

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_\_\_

**School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students will be matched by grade. Please indicate the   
**student’s reading grade level or functioning grade level**.**Grade**: *\_\_\_\_\_\_\_\_\_\_*

Please choose **one** option. Student will write/read letters in:

\_\_\_\_ **Braille - UEB (Contracted)**

\_\_\_\_ **Braille - UEB (Uncontracted)**

\_\_\_\_ **Large Print**

**Address for Return Letters:**

**Mailing Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Teacher Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Telephone**: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Email Address (Required)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please flip this page and confirm that you have read the following statements by providing your initials:**

\_\_\_\_\_ **I acknowledge that enrolled students are required to submit at least three letters to their pen pals before April 30, 2026. If my letters are not postmarked or emailed by this date, they will not be sent.**

\_\_\_\_\_ **I will immediately notify the Youth Services Librarian if any of my contact information changes or I need to drop out of the program. By doing so, I can ensure my pen-pal match is able to fully participate in the program.**

\_\_\_\_\_ **If my preferred format is braille, I will only mail embossed hard copies of my letters to WTBBL. If my preferred format is large print, I will send my hard copies in at least 16-point font.**

\_\_\_\_\_ **I acknowledge that I will promptly respond to any inquiries or communications about the Pen-Pal Program. I understand that a lack of communication may forfeit my enrollment in the program.**

**THANK YOU!**

**Youth Services Department – 206-615-1253 –** [**www.wtbbl.org/youth**](http://www.wtbbl.org/youth)

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