



Connecting People,
Building Community

SPARKS!

Ignite Your Imagination

SPARKS! FAN CLUB FAMILY ENROLLMENT FORM

Name #1 _____

Name #2 _____

Name #3 _____

Name #4 _____

Name #5 _____

Address _____

_____ Zip Code _____

If you would like to receive a birthday greeting from **SPARKS!**
Please provide your birthdate:

_____ #1

_____ #2

_____ #3

_____ #4

_____ #5

How did you hear about the **SPARKS!** Fan Club?

- SPARKS!** Website
- OCL Branch
- SPARKS!** Appearance
- Other _____



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I hereby grant my permission to allow my children, previously listed, to enroll in the SPARKS! Fan Club. Upon my request, I can have my child's membership cancelled at any time.

Parent/Guardian

Date

Additional information available at your local branch of the Ocean County Library.

List additional children below

NAME _____

DOB _____

NAME _____

DOB _____

NAME _____

DOB _____