



Connecting People,
Building Community

SPARKS!

Ignite Your Imagination

SPARKS! FAN CLUB ENROLLMENT FORM

Name _____

Address _____

_____ Zip Code _____

If you would like to receive a birthday greeting from **SPARKS!**
Please provide your birth date _____

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

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

If you are under 13 years of age, please have your parent or guardian sign below.

*I hereby grant my permission to allow my child _____
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.