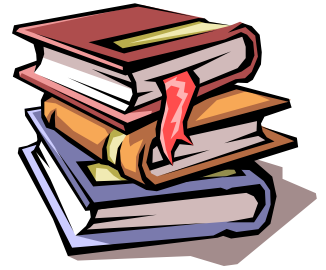


# Book Club Member Application

2018-2019



## Why Join The Blazers and Dr. Barbara Seniors Harkins Foundation Book Club?

It's a great opportunity for 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders who love to read to have thoughtful discussions about selected books. Book Club Members will meet once-a-week to discuss the book. There is no written assignment, just READ and DISCUSS!

## How to become a member of Book Club:

1. Fill out the bottom of this application and get your parents to sign it.
  2. Turn your completed application into Ms. Alex.
  3. Get A Copy of your book.
  4. Attend book discussion meetings as noted on the Attached sheet. Participation at the meeting includes sharing your thoughts on the book.
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Student Name: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Write one or two sentences explaining why you would like to be in book club.

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Write a brief review of a book you have read recently.

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**A commitment to read each selection prior to the discussion is expected.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

(OVER)

**PARENTS PLEASE FILL OUT:  
Dr. Barbara Seniors Harkins Foundation  
The Blazers Youth Organization  
Book Club Participant Information  
Fall Book Club 2018-2019**

Believing in the power of education, both organizations will strive to provide various opportunities to young people. These opportunities include Scholarships, Educational opportunities and various programs in the arts.

Your Son/daughter \_\_\_\_\_ has been selected to participate as a member of our Literacy Book Club, \_\_\_\_\_ as a member of this club your child will read various books selected by the Book Club Coordinator using the Best Pre-Teen Adults Books by the National Reading Committee. In addition, our coordinator will maintain an ongoing record of your child's growing reading interest.

We hope that you will approve of having your child participate in this exciting program through the Barbara Seniors Harkins Foundation and The Blazers Youth Organization.

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I give permission for: \_\_\_\_\_  
(Your child's full name)

To participate in the Literacy Book Program. I understand that if a book is lost, it is my responsibility to pay the fee for it.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Child/Participant Information:**

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

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

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

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