

# Spark

2018-19  
SUBSCRIPTION FORM

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Please bring the completed form with your money to main campus room 118 or to your Spark representative or the the freshman campus main office.

Name (First Last) \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Spark Representative \_\_\_\_\_

Grade Level \_\_\_\_\_

**EAST STUDENTS ONLY** ID Number \_\_\_\_\_

	1st SEM	2nd SEM		1st SEM	2nd SEM
1st Period Room #	_____	_____	Please list classes and the room #'s to the right.	1	1
XH Room #	_____	_____		2	2
				3	3
				4	4
				5	5
				6	6

**Subscription Type:**      **\*\*Student: \$20**      **\*\*Lakota Staff: \$15**  
(Please Circle One)                      **\*\*Community: \$25**

**\*\*Campus/Building and Room #:** \_\_\_\_\_

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