

# Animanga Club

Application Form



If you are in grades 6-12, get together with other teens once a month to watch DVDs and talk about **ANIME** and **MANGA**.

Full Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street Address  
City

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_  
MM/DD/YY

Tell us a little about **yourself**.

Do you watch **anime**? (circle one) **YES** **NO**

If YES, how often do you watch **anime**? (check one)

- Every day!  Several times a week  Several times a month  Once in awhile

If YES, what's your favorite **anime** title? \_\_\_\_\_

Do you read **manga**? (circle one) **YES** **NO**

If YES, how often do you read **manga**? (check one)

- Every day!  Several times a week  Several times a month  Once in awhile

If YES, what's your favorite **manga** title? \_\_\_\_\_

Are you interested in working on an **Animanga Club** webpage? (circle one) **YES** **NO**

Are you interested in drawing **anime** or **manga**? (circle one) **YES** **NO**

The **Animanga Club** meets once a month, on Wednesdays, from 4:30-6:00 p.m. Anime screened is rated TV PG or TV G.

Teen Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if teen is under 16 yrs old)

**Please return the completed application to the Reference Desk at the Roselle Public Library.**