

Reading Sparkers®

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Phone – 856-546-9896

Fax – 856-310-1137

Request for FREE Reading Sparkers® Online Trial

Section 1 - Required

Contact Name: _____	Phone No. (_____) _____
School District Name: _____	
Address: _____	
Address: _____	
State/Zip/Country: _____	
School Name: _____	
Address: _____	
Address: _____	
State/Zip/Country: _____	

Section 2- Optional

Credit Card Type: Master Card Visa P.O. Number _____
Name on Credit Card: _____
Credit Card Number: _____
CCV Number: _____ Expiration Date: ____/____/____

Section 3- At least one Teacher and Classroom Required

Number of Teachers: _____	Grade: 1 st 2 nd 3 rd
Teacher 1 Name: _____	
Teacher 1 – Number of Classrooms: _____	
Classroom 1 Name: _____	
Number of Students**: _____	
Classroom 2 Name: _____	
Number of Students**: _____	
Teacher 2 Name: _____	
Teacher 2 – Number of Classrooms: _____	
Classroom 1 Name: _____	
Number of Students**: _____	
Classroom 2 Name: _____	
Number of Students**: _____	
Teacher 3 Name: _____	
Teacher 3 – Number of Classrooms: _____	
Classroom 1 Name: _____	
Number of Students**: _____	
Classroom 2 Name: _____	
Number of Students**: _____	

**All Students must be in the same GRADE ** Total Max. Number of Students - 25*

Section 4 - Office Use Only

Desired License Start Date: ____/____/____	Duration: 30 days
Terms of Use Agreement Received: ____/____/____	

Signature _____ **Date** _____
Title _____

Instructions for Completing the Request for FREE Trial form

Section 1 - All fields in **Section 1** are required.

Contact Name and Phone Number – Name of the person who is coordinating the 30-day FREE Reading Sparkers® Online trial.

School District Name and Address – Name and Address of the School District where the Reading Sparkers® Online trial is located.

School Name and Address - Name and Address of the School where the Reading Sparkers® Online trial is located.

Section 2 - All fields in **Section 2** are optional for the *FREE Trial*.

You may cancel your subscription to Reading Sparkers Online® at any time during the 30 day FREE Trial. If you decide to continue with the Reading Sparkers Online® program, your license will continue without interruption at the end of the 30 day FREE Trial period. If you have provided a credit card, your credit card will be charged for the license(s) you requested at the end of the FREE trial.

P.O. Number – Enter your Purchase Order Number

Credit Card Type – Indicate what credit card you will be using.

Name and Credit Card Number - Enter the name and number exactly as it appears on the credit card.

CCV Number – This is the 3 digit code number that appears on the back of the card in the signature block.

Section 3

You must complete the following information for at least one teacher who is participating in the 30-day FREE Reading Sparkers® Online trial. A maximum of three teachers can participate in the free trial. Each teacher can have up to 2 classrooms.

The maximum total number of students for ALL of the teachers is 25. All of the students for the free trial must be in the same reading grade (first, second or third reading grade).

Number of Teachers – Enter the number of teachers who will participate in the 30-day trial (*required*)

Grade – Indicate which grade you would like to test (*required*)

Teacher 1 Name - Enter the name of the first teacher (*required*)

Classroom 1 Name – Enter the name or description for classroom 1 (*required*)

Number of Students- Enter the number of students in classroom 1 (*required*). *The total number of students for all classrooms cannot exceed 25.*

Optionally, complete the same information for two additional teachers

Sign and date the Request for FREE Trial form and fax to **856-310-1137**