

1 MY MEMBERSHIP in KLUB Kool-Aid Days:

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Email _____

2 MEMBER LEVEL: Friend Supporter Backer Patron* Benefactor*

*T-shirt size (2T to XXXL) _____

Please contact me about volunteering at Kool-Aid Days

3 MY GIFT MEMBERSHIP in KLUB Kool-Aid Days:

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Email _____

Sign Gift Card _____

4 GIFT LEVEL: Friend Supporter Backer Patron* Benefactor*

*T-shirt size (2T to XXXL) _____

(Copy this form or list additional gift memberships on a separate sheet of paper)

KLUB Member Level	Guests for Event	Game Tickets	Mugs*	Extras	Cost
Friend	2	20	2	None	\$25
Supporter	4	40	4	None	\$50
Backer	6	60	6	Bag	\$100
Patron	8	80	8	Bag & T-shirt	\$250
Benefactor	12	100	12	2 Bags & 2 T-shirts	\$500

5 TOTAL ENCLOSED: \$ _____

6 PAYMENT METHOD: Check enclosed
 Credit Card (Visa/MasterCard/Discover)

Card # _____

Exp. Date _____ Security Code _____

Join KLUB Kool-Aid Days Online at: www.Kool-AidDays.com

PO Box 541 • Hastings, NE 68901 • 402-461-8405

Make checks payable to: Kool-Aid Days