

American Kids, Inc.

America's only little league of entertainers

Performing Membership Application

Date: _____

(Please print clearly)

Name: _____

Last Name

First Name

Middle Initial

Mailing Address: _____

Date of Birth: ____/____/____ Street/PO Box City State Zip
MM / DD / YY Male or Female: _____ County: _____

Previous Member: _____ Phone: (____) _____ School: _____
Y or N

Email address: _____ Grade: _____
(Include only if this is a reliable way to contact you.)

Primary Guardian (main contact)	
Relationship	_____
Name	_____
Home Phone	(____) _____
Cell Phone	(____) _____
Email	_____

Secondary Guardian	
Relationship	_____
Name	_____
Home Phone	(____) _____
Cell Phone	(____) _____
Email	_____

Membership Options (in addition to Performing Membership) Check all that apply

\$10.00	Sibling Non Performer	Name: _____
\$40.00	Contributing Adult Member	Name: _____
\$60.00	Contributing Married Couple	Names: _____
\$15.00	Alumni	Name: _____
Total for Non Performing Memberships		
\$30.00	Performing Member applying above.	
-\$3.00	If performing member is paid before December 20th	
Free	Performing member with 2 new paid performing memberships. List 2 new members in box below.	
Total Amount Enclosed		Name 1: _____ Name 2: _____

Credit Card #: _____ 3 Digit Sec Code: _____ Exp Date: _____

Exact Name on Card: _____ Credit Card Billing Zip: _____

Mailing Address: (only if different from above) _____
Street/PO Box City State

By becoming a member of American Kids, Inc., the member gives permission to use any photo, video, or other physical likeness obtained with the organization for purposes of publicity, promotion, etc. with no other compensation to said member.

Membership fee of \$30.00 must be included in order to complete the membership process.

Parent or Legal Guardian must sign below to complete the membership process.

I, _____ (print name) give my permission for my child (listed above) to participate in American Kids activities and understand that American Kids is not responsible for any personal property damage or personal injury to my child during the course of their involvement in any American Kids function.

Parent or Guardian Signature: _____

There will be a \$25.00 charge on all returned checks. There will be a \$15.00 reprocessing fee for declined Credit Cards.

Office Use Only: Rcvd _____ Chk Amt _____ Check # or CC Auth # _____ Deposited _____

PLEASE RETURN TO: American Kids, Inc. 158 Pointe Royale Drive Lower Level Branson, MO 65616
 phone: 417-337-8964 or 800-377-8117 fax: 417-335-7637