

Date _____

**KMOS Kids Club
Enrollment Form**

Choose one of the following memberships:

Kids Club Membership - \$35
For One Child.

Family Membership - \$75
Includes up to two children.

Each Additional Child for
Kids Club Membership - \$10

Each Additional Child for
Family Membership - \$5

_____ **Charge** *Circle one of the following:*
VISA Mastercard Discover

Account Number:

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Expiration Date: □ □ - □ □

_____ **Pay by check to KMOS-TV**

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(____) _____ E-MAIL _____

CHILD NAME #1 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTHDATE _____

CHILD NAME #2 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTHDATE _____

ADDITIONAL CHILD _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ BIRTHDATE _____

ADDITIONAL CHILD _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ BIRTHDATE _____

ADDITIONAL CHILD _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ BIRTHDATE _____

RETURN THIS FORM TO:
KMOS-TV
CENTRAL MISSOURI STATE UNIVERSITY
WOOD 11
WARRENSBURG, MO 64093