



2017 Membership Form

www.KKRunforVegas.com

2017 Membership \$25

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Returning Member

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New Member

Contestant Name: _____

Mailing Address: _____ Phone: _____

City, State: _____ Zip Code: _____

Gender (circle one) : Male Female

Email Address: _____

Date of Birth : Month _____ Day _____ Year _____ (Must submit copy of Birth Certificate with Membership)

Mother's Name: _____ Father's Name: _____

Mother's Cell : _____ Father's Cell: _____

Age Group : As of Jan 1st, 2017)

Junior (11 and Under) _____

Senior (12 to 16) _____

Current Grade in School:

Age as of January 1st, 2017:

We certify that the information supplied in this application is true and correct to the best of our knowledge and belief and that the student applying for membership meets the qualifications and criteria for membership with KK Productions. By applying for and receiving membership with KK Productions, we agree to follow all rules and guidelines set forth by KK Productions and to abide by all decisions and rulings of the director and staff. If any of the above information is found to be false, your membership will be automatically terminated and your dues and qualifications forfeited.

Member Signature: _____

Parents/Guardians Signature : _____ Date : _____