

Kid's Name\_



## Kids Club Membership Application

Business Name	· · · · · · · · · · · · · · · · · · ·	Relation (ex: daughter, grandchild, etc.)		
Address	City	State	ZIP	
Kid's Birthday/	/ Email (optional)			
Your DSG Location				
Parent Or Guardian, Please Fill	Out			
activity book. Kids will also rece	xids ages 5-12 will get a special welcomeive a birthday card and a present on the some winning entries and entrants' de	heir birthday. As members, tl	hey are allowed to participate in	
1	information will be shared with anyon sses will only be used to notify member	11 7	Group and their advertising agency,	
Adults: You may only register up	to 10 children per customer/account.			
Please Check One				
☐ It's okay for my child to join receive recognition if they an	the Kids Club. Their first name and ore a contest winner.	city of residence can be poste	ed on the website so they can	
☐ It's okay for my child to join	the Kids Club, but only send them st	uff – don't post their name o	on the website.	
Name Of Parent Or Guardian (	please print):			
Signature Of Parent Or Guardiz	ın:			



You can scan the completed application and email it to info@dsgkidsclub.com or mail it to:
Kids Club
c/o Anchor Marketing
P.O. Box 13573
Grand Forks, ND 58201

