



KANSAS CITY IRISH FESTIVAL KID'S CLUB (KCIFKC) MEMBERSHIP FORM

MEMBER DETAILS

Name:

Address:

City/State:

Zip:

Cell Phone:

Email:

Date of Birth:

School:

I have read and understood the KCIFKC rules and will abide by them.

Signature:

Print Name:

Date:

EMERGENCY CONTACT INFORMATION:

Name:

Phone:

Cell Phone:

Email:

I consent to the above named member being able to take part in activities arranged by the Kansas City Irish Festival Kid's Club.

Signature:

Print Name:

Date: