



believe

# mystikids club registration form

CHILD(REN'S) NAME(S) \_\_\_\_\_

AGE(S): \_\_\_\_\_ BIRTHDAY(S): \_\_\_\_\_ GRADE(S): \_\_\_\_\_

T-SHIRT SIZE: Youth S M L Adult S M L XL \_\_\_\_\_ Male \_\_\_\_\_ Female

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I agree to allow my child(ren) to participate in the MystiKids Club.

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

MystiKids Club Membership: \$20 per participant

Number of kids participating: \_\_\_\_\_ X \$20 = \_\_\_\_\_ Total

CHECK ONE:  AMEX  Visa  MC  Discover

Card Number Expiration Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_ Checks may be made payable to Washington Mystics.

Mail forms to: Washington Mystics, 627 N. Glebe Road, Suite 850, Arlington, VA 22203 or fax to 202-266-2220



is a proud sponsor of the MystiKids Club. Learn more about our children's programming at [weta.org](http://weta.org).

Contact us at:  
(O) 1-877-DCH00P1  
(F) 202-266-2220  
[mystikids@washmystics.com](mailto:mystikids@washmystics.com)