



Mail Memberships to:  
Shadows On The Wolf  
PO Box 116  
Shiocton WI 54170

	<b>Amount</b>	<b>Quantity</b>	<b>Total</b>
<b>Adult Membership Only</b>	<b>\$15.00</b>		
<b>Junior Membership Only (age 15 and younger)</b>	<b>\$5.00</b>		
<b>Family Membership (husband/wife and all children under age 15)</b>	<b>\$30.00</b>		
<b>Lifetime Membership</b>	<b>\$250.00</b>		
<b>Donation</b>			
<b>Total</b>			<b>\$</b>

Please list name/ address and phone number for all tickets purchased. You may use the back of the page for additional names.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Mail to: Shadows On The Wolf, Inc. PO Box 116, Shiocton WI 54170**