



ROUGH RIDER MEMBERSHIP



\$400

CHOOSE YOUR BENEFIT:



Full Donation

\$400 CHARITABLE DEDUCTION



Medora Musical

2 Season Passes

Under the names of:

\$50 CHARITABLE DEDUCTION



Bully Pulpit
GOLF COURSE

2 Golf Rounds

\$242.50 CHARITABLE DEDUCTION



Medora
SHOPPING SPREE

\$150 Gift Card

\$250 CHARITABLE DEDUCTION



ADDITIONAL PERKS



FREE Junior Rough Rider memberships • **FREE** custom popcorn bucket with 50% off refills
FREE family photos on *Medora Musical* stage • **FREE** behind-the-scenes tours (based on availability)
Invites to VIP events & experiences • Name in *Medora Musical* program
Pre-sale opportunities for special events • Newsletters

CONTACT NAME

ADDRESS

 CITY

 STATE

 ZIP CODE

PHONE

 EMAIL

METHOD OF PAYMENT: ☐ CHECK ☐ CREDIT CARD

CREDIT CARD NUMBER

 EXPIRATION DATE

/

 VERIFICATION CODE

AUTHORIZED SIGNATURE

 DATE

NAME TO BE LISTED IN *Medora Musical* PROGRAM

ADD YOUR JUNIOR ROUGH RIDERS ON THE REVERSE SIDE!

FREE

JUNIOR ROUGH RIDER MEMBERSHIP

RECEIVE
JRR + YEAR
PATCHES



Up to 6 juniors FREE per Rough Rider membership. | *For ages 0-17*

1

NAME _____ BIRTHDAY ____/____/_____
ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____
PARENT/GUARDIAN NAME _____ EMAIL _____
DONOR'S RELATIONSHIP TO JUNIOR _____

2

NAME _____ BIRTHDAY ____/____/_____
ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____
PARENT/GUARDIAN NAME _____ EMAIL _____
DONOR'S RELATIONSHIP TO JUNIOR _____

3

NAME _____ BIRTHDAY ____/____/_____
ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____
PARENT/GUARDIAN NAME _____ EMAIL _____
DONOR'S RELATIONSHIP TO JUNIOR _____

4

NAME _____ BIRTHDAY ____/____/_____
ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____
PARENT/GUARDIAN NAME _____ EMAIL _____
DONOR'S RELATIONSHIP TO JUNIOR _____

5

NAME _____ BIRTHDAY ____/____/_____
ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____
PARENT/GUARDIAN NAME _____ EMAIL _____
DONOR'S RELATIONSHIP TO JUNIOR _____

6

NAME _____ BIRTHDAY ____/____/_____
ADDRESS _____ CITY _____ STATE ____ ZIP CODE _____
PARENT/GUARDIAN NAME _____ EMAIL _____
DONOR'S RELATIONSHIP TO JUNIOR _____

701.223.4800 | memberships@medora.com

Please submit this form by May 1 to be listed in the Medora Musical program.

MAIL MEMBERSHIP FORM AND PAYMENT TO: TRMF PO BOX 1696 - BISMARCK, ND 58502

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