

# Pipefitters Local Union No. 533 Picnic

**Saturday, July 28, 2018**



**~10:00 AM Check-In begins ~ Food Served 1 to 4 pm~ Closes midnight~**

10 AM – 3 PM	Registration. <u>Pick-up park/meal tickets &amp; drink wristbands at regs. table by park entrance.</u>
1 PM – 4 PM	Food line opens at <b>The Grand Pavilion!</b> Serving Fried Chicken, Hot Dogs, Brisket, AND Cookies
10 AM – 12 AM	Enjoy the day with your family!

2017 Picnic.doc

- \* Family includes dependents covered under Pipefitter Fringes only. **NO EXCEPTIONS**
- \* **\$30.00 Parks & Meal** price for member and family dependent Ages 3 & up.
- \* **RETIREES & FAMILY ARE FREE. DEPENDENTS AGE 2 & UNDER FREE.**
- \* **ADDITIONAL guest ticket prices for ages 3 & up are: \$20 each UP TO 5 GUESTS.**
- \* **ADDITIONAL GUESTS ARE WELCOME AT \$50 A PIECE.**
- \* **LET US KNOW IF YOU HAVE A SEASON PASSPORT.** This saves the fund money. It's your money! Single members may bring **one guest** for the \$30 cost.
- \* **ELIGIBLE** members includes 1<sup>st</sup> through 5<sup>th</sup> year apprentices.
- \* Family includes dependents covered under Pipefitter Fringes only.
- \* **Parking NOT INCLUDED.**

Return the bottom portion to the Business Office, Pipefitters LU #533, 8600 Hillcrest Rd, Kansas City, MO 64138. 816.523.1533.

**\*\*\* RSVP by Monday, July 16, 2018 \*\*\* \*\*\*NO EXCEPTIONS\*\*\***

-----C-U-T--H-E-R-E--&--R-E-T-U-R-N-----

**Pick-up park & meal tickets & drink wristbands at park entrance registration table.**

Immediate Family Picnic & Activities COST is:	#	Your \$	Total \$
* Total # of family attending picnic =	<input type="text"/>	\$30.00	= \$ 30.00
* <b>**Do you have a SEASON PASSPORT? YES or NO</b>			<b>If yes, how many?</b> _____
<b>Additional Guest Ticket TOTAL:</b>			
* \$20 per guest ages 3 and above <b>(Limit 5)</b>	<input type="checkbox"/>	\$20.00	= \$
* <b>\$50 per guest for ALL additional guests</b>	<input checked="" type="checkbox"/>	\$50.00	= \$
<b>Total for your family:</b>	<b>#</b> <input type="text"/>		<b>\$</b> <input type="text"/>

**Complete all information below:**

Member's Name (print clearly) \_\_\_\_\_ UA Card # \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

FOR OFFICE	TOTAL	Ck #	\$	Date Received	
USE	PAYMENT				
ONLY	RECEIVED	Cash Amount	\$	Date Received	