

Help support the Colorado Select Girls Hockey Association program by doing the things you already do!

With the King Soopers Neighborhood Reward Gift Card, it is as easy as going to King Soopers to shop. Our organization receives **5% of each dollar you spend with King Soopers** or other Kroger Stores (including Loaf n Jug). The card can be used for Food, Pharmacy, and Fuel purchased at the King Soopers stores. This program does not include "Services" such as Western Union, Money Orders, Ticket Master, Postage Stamps, Lottery tickets or other Gift Cards.

Here is how it works:

- Order your reloadable gift card by completing the attached order form.
- Attach your payment to the form and return it to the address shown.
- You will receive your gift card order from the person you ordered it from.
- Begin using your card. When your card is empty or near empty, go to a King Soopers register or service desk to reload your card **BEFORE** your shopping. There is a 5 minute delay from when you add money to your card and when funds are available on the card. The gift card must be reloaded in a **SEPARATE** transaction prior to your purchases being scanned.
- You can reload your card with any value you choose, up to \$500.
- Begin shopping and use your gift card to pay for your purchases.

If you know others that would like to participate in this program, they can purchase their own card by completing this order form. They might include Parents, Grandparents, Brothers, Sisters, Aunts, Uncles, Friends, Neighbors, Employees, CO- Workers and more! After all, there is no additional expense to anyone who uses this card.

ALL cards must be obtained through our organization in order for it to be linked properly to the Colorado Select Girls Hockey Association. Cards obtained at the store will not be credited to us.

Questions? Please contact our program administrator: Kirsten Kreiling - 303-332-3820 or kk1234@comcast.net

Colorado Select Girls Hockey Association - King Soopers Neighborhood Reward Gift Card Order Request

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: (_____) _____ Number of Cards Requested: _____ Value(s): _____

Email: _____ Check Number: _____ Check Amount: _____

Team:(Circle One): U8 U10 U12A U12AA U14AA U14AAA
 U16AA U16AAA U19A U19AA U19AAA

Ask Friends, Neighbors, Employees, CO-Workers and more!

After all, there is no additional expense to anyone who uses this card.

TEAMS: please return this order form to your team manager. Checks should be made payable to CSGHA
If you have downloaded the form from our website, please mail to: CSGHA PO Box 270196, Littleton, CO 80127