# Splendor Hollow Music Festival & Gathering



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| Registration Form |
| Basic Information |
| Full Name: |       |       |       | Date: |       |
|  | Last | First | M.I. |
| Nickname/PIC: |       |
| Email Address: |       |
|  |
| Contact Information |
| Onsite Contact: |       |
| Offsite Contact: |       |  Phone: | (     )       |
| Address: |       |       |
|  | Street Address | Suite # |
|  |       |       |       |
|  | City | State | ZIP Code |
|  |
| Reference Comments |
| I would like to register as a merchant at this gathering.I understand that this is an additional $10.00 added to my registration price, and have included it with my pre-registration payment. I also understand that I have to fill out a Merchant Contract before I am allowed onsite. Email:splendorhollow@yahoo.com for Merchants contract.? | YES[ ]  | NO[ ]  |  |   |
| Health Concerns…(This is where you tell us about any health problems, food allergies, other allergies and the like that you might have.)? |
|       |
| Special Skills: Are you CPR certified? A doctor or nurse or other medical professional? Do you know American Sign Language or a foreign language? Please let us know what skills you might have that could help us out.  |
|       |