# 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.)? | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | |
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