

E.W.F. Registration Form

PLEASE PRINT LEGIBLY*PLEASE COMPLETE ALL SECTIONS OF THIS FORM

CIRCLE ONE: *ATTENDEE *STAFF *VENDOR *PERFORMER * DAY PASS ONLY FRI/SAT

NAME	BIRTHDAY / /	PHONE
ADDRESS		
	House / Apt#	Street
	City	State Zip
EMAIL		
CAMPING OPTION (Circle One)	OFF-SITE	TENT
CAR INFORMATION <i>*Unregistered cars will be towed at owners expense- NO EXCEPTIONS</i>	CAR INFORMATION	
	MAKE/MODEL	LICENSE PLATE#
	Vehicle Color	
MEAL PLAN INFORMATION	Did you purchase a Meal Plan? Circle One:	YES NO
	**Meal Type	Meat Vegetarian
EMERGENCY INFORMATION		
<i>Do you have any medical conditions, allergies, surgeries, or otherwise which would be relevant in an emergency? Detail Here----> Example: Allergic to bee sting, penicillin allergy, pace maker, etc.</i>	<u>Condition/Allergy/Medication. Detail Below:</u>	
EMERGENCY CONTACT <i>*You <u>must</u> list at least one emergency contact name and phone number (even if they are on site). If no one, CIRCLE 911</i>	EMERGENCY CONTACT NAME:	EMERGENCY CONTACT PHONE#
		Circle <u>ONLY</u> If Applicable: I have no emergency contact, call 911
<i>I certify the above information is true. If I have misrepresented any information above, or failed to properly complete this form, I release and hold harmless E.W.F. festival, Camp Graham, and all affiliates of any legal liability. I voluntarily attend at my own risk.</i>		
SIGN HERE--->		DATE: