

# The Spirit of the West Druid Gathering Registration Form 2010

## Personal Information (Please fill out one form per person 13 or over)

First and last name: \_\_\_\_\_ Name Tag should read: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
**Emergency contact person Name and Telephone Number:** \_\_\_\_\_

## \_\_\_ I AM THE PARENT OR LEGAL GUARDIAN OF ALL MINORS LISTED

If registrant is not the parent or legal guardian of all minors, you must attach a separate sheet with the Name, address telephone number and signature of parent or legal guardian granting permission to attend the Druid Gathering

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

## Accommodations (Space is limited and will be allotted by date of receipt)

\_\_\_ Cabin area \_\_\_ RV/Trailer area \_\_\_ Tenting area,  
I would like to be placed with/near the following people \_\_\_\_\_

## Meals (All meals will be vegetarian friendly)

\_\_\_ I have special dietary requirements (please specify) \_\_\_\_\_  
\_\_\_ I have food allergies (please specify) \_\_\_\_\_

## Medical Safety Information Please Note

\_\_\_ I have a medical condition (please detail condition, emergency procedures and any needed medications)

## Volunteer Duties

In order to keep festival costs minimal, attendees are expected to volunteer their time. All attendees over the age of 12 are required to do a minimum of two one hour shifts of volunteer time. Please indicate your preference for your shift or one will be assigned to you. Please know you will be required to sign for the volunteer time upon arrival.

\_\_\_ Meal Preparation/Cleanup **Mornings** \_\_\_\_\_  
\_\_\_ Lodge Cleanup **Mid-day** \_\_\_\_\_  
\_\_\_ Dishes and Kitchen Cleanup **Evenings** \_\_\_\_\_  
\_\_\_ Late Night Lodge Cleanup  
\_\_\_ Washroom and Showers Cleanup

\_\_\_ Medical/First-Aid Duty (must have current certification) Please note that the names of the volunteer first aid attendants will be posted in the main hall when on duty.

\_\_\_ I have medical training (Basic First Aid, CPR, EMT, RN, etc) please describe: \_\_\_\_\_  
\_\_\_ Security  
\_\_\_ Childcare (Children's events)

**Fee Payment:** Adult/youth (13 and Older) \$85.00, Children (age 6 to 12) \$30.00, Vendor Fee \$25.00.

Please make checks or money orders payable to: **The Druid Gathering**

Adult/youth Registrations \_\_\_ @\$85.00= \_\_\_\_\_, Child's Registrations \_\_\_ @\$30.00= \_\_\_\_\_

Vending Fee: \_\_\_ @25.00= \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

I have read all of The Druid Gathering's Rules and Regulations and I understand that while I'm attending The Druid Gathering I am responsible for my own safety and behavior, and any minors in my care. I understand that failure to follow the "Festival Laws" may result in my being asked to leave the festival site and that in that event, no refund will be provided. Further I will not hold The Spirit of the West Druid Gathering responsible for any injuries or events that happen to myself or others in my care.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_