

May Moon Beltane Festival
May 2-4, 2008
Williams Field, The Mariner's Museum Park
Newport News, VA

Official Use Only
Amount Paid _____
Method of Payment
<input type="radio"/> Check, Check # _____
<input type="radio"/> Cash
<input type="radio"/> Credit Card, Auth. # _____

Attendee Registration Form

Full Legal Name _____ Nickname, if any _____
Street Address _____
City _____ State _____ ZIP _____
Phone _____ E-Mail _____

Medical & Emergency Contact Information

Medical Conditions/Allergies/Special Needs ("n/a" if none) _____
Emergency Contact Name & Phone _____
Relationship to you: Parent Spouse/Significant Other Friend Boyfriend/Girlfriend
 Other (specify) _____

By payment and signature, I, the undersigned, verify that, as a May Moon Beltane Festival attendee, I have disclosed accurate information and that I am over the age of 18. I understand and agree to all rules and regulations set forth by Mystic Moon and the May Moon Beltane Festival (including The Mariners' Museum Park and Williams Field located in Newport News, Virginia). I accept and agree that all minors attending with me will be solely my responsibility and will be supervised **AT ALL TIMES**. I also accept and agree that camping and outdoor activities are not without risk and hereby release Mystic Moon, all festival staff/personnel, as well as The Mariners' Museum, from all and any liability associated with any activities at any time during the 2008 May Moon Beltane Festival. This shall include any damage or injury to attendees, staff and personnel or their property due to accidents, acts of nature or natural hazards at The Mariners' Museum Park grounds.

Signature _____ Date _____



If Children Under 18 Will Accompany You at May Moon Beltane Festival	
1)	Child's Full Name _____ Nickname, if any _____ Age _____ Medical Conditions/Allergies/Special Needs, Etc. _____ This is my child and I have custody and/or guardianship of him/her. INITIAL _____
2)	Child's Full Name _____ Nickname, if any _____ Age _____ Medical Conditions/Allergies/Special Needs, Etc. _____ This is my child and I have custody and/or guardianship of him/her. INITIAL _____
3)	Child's Full Name _____ Nickname, if any _____ Age _____ Medical Conditions/Allergies/Special Needs, Etc. _____ This is my child and I have custody and/or guardianship of him/her. INITIAL _____

Vehicle Information

Make, Model & Color _____ State _____ Plate # _____

Mystic Moon



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