



2018 CLAN-SOCIETY- CLUB REGISTRATION & RELEASE FORM

FESTIVAL DATES:	Saturday, 27 October 2018
FESTIVAL TIMES:	GATE OPENS AT 9:00 AM SATURDAY for set up EVENT 10:30 AM to 9:00 PM Saturday , open to the public
FESTIVAL LOCATION:	NATHAN BENDERSON PARK 5851 Nathan Benderson Circle Sarasota, FL 34235

This Agreement, by and between **NEW WORL CELTS, INC.**, a 501(c)(3) Florida not-for-profit corporation, producer of the SARASOTA CELTIC MUSIC FESTIVAL (hereinafter referred to as the "**FESTIVAL**") and the Clan, Society, or Club whom have signed this Agreement below (hereinafter referred to as "**SOCIETY**"), is made for the purpose of FESTIVAL providing a venue to SOCIETY for attending and promoting their entity during the prescribed FESTIVAL dates. SOCIETY agrees to perform in accordance with the terms of this Agreement. This Agreement is effective as of the date of its execution.

- Single Field Space** (12' x 12') - Does not include tent **\$ 35 .00**
Single Space *includes two admission wrist bands.*
- Tents Required** (10'x10') \$95 each X ____ = \$ _____
- Tables Required** \$15 each X ____ = \$ _____
- Folding Chairs Required** \$ 5 each X ____ = \$ _____
- Additional Admission Tickets** \$20 each X ____ = \$ _____

Check or Money Order # _____ **Total** \$ _____

Organization Name _____

Primary Contact Name _____

Cell () _____ **E-Mail** _____

Secondary Contact Name _____

Cell () _____ **E-Mail** _____

Other Members _____

Business Address _____

City _____ **State** _____ **ZIP** _____

Website _____

Signature _____ **Date** _____

Please notify if you are interested in our being listed in our promotional literature
Please provide digital copy of logo (JPEG preferred)



RELEASE FORM

SOCEITY understands and agree that I, my employees, assistants, heirs or assigns, will Hold Harmless NEW WORLD CELTS, INC., the FESTIVAL organizer and other Sponsors of the FESTIVAL and their insurance carriers, in the event that I, personally or anyone working for me suffer any damages t or injury or accident, including death, WITHIN THE CONFINES OF THE FESTIVAL. I will not file any claims against the organizers of the FESTIVAL for damages and I (or my insurance carrier) will pay our own medical bills.

CLAN OR SOCIETY AUTHORIZED REPRESENTATIVE:

Contact person must be an authorized representative their Clan, Society, or Club.

Society/Clan: _____

Signature: _____
Authorized Representative *date*

Name/Title: _____

Please mail the completed Registration, Release with applicable fees, payable to **New World Celts Sarasota Inc.** to:

Rev (FS)
5.2018



New World Celts

New World Celts Inc.

PO Box 21794

Sarasota, FL 34276