

Shearwater Aviation Museum Annual Spring Hobby Show

REGISTRATION FORM

DATE: _____

NAME: _____

Group Affiliation, if any: _____

Address: _____

Phone #: _____ Cell #: _____

Email address: _____

Website (if applicable): _____

<u>REQUESTED TABLES</u>	<i>Number Requested</i>	<i>Fee</i>	<i>Total</i>	<i>Paid?</i>
DISPLAY TABLES		\$0.00/ea.		
SALES TABLES		\$25.00/ea.		
OTHER (train layout, power requirements, etc.)		\$0.00/ea.		

Is this booking being made for yourself or on behalf of your group? **Self** **Group**

Are you interested in receiving posters or flyers for distribution? **YES** **NO**

➤ **The show is a 2-day event; if you intend to display/sell FOR ONLY ONE DAY, please indicate the day you plan to attend: Saturday Sunday Both days**

COMMENTS/NOTES: _____

SAM Representative signature

Show participant signature

