



## Pamper Party Vendor Registration Form

Vendor/Business Name:			
Contact/Owner Name:			
Address:		Suite:	
City:		State:	Zip:
Phone: (H)	(C)	Email:	
Additional Vendor Representative Name:		Phone:	Email:
Vendor Emergency Contact Name: (Must not be a Tournament or Pamper Party attendee!)		Phone:	
Type of Services Provided:			
1) _____			
2) _____			

**Please COMPLETE form in its entirety and Return to Anna Herrera or Beatrice Botbol, Pamper Party Co-Chairs:**

**By Fax: (813) 374-9495 or Scan & Email: [annar5620@hotmail.com](mailto:annar5620@hotmail.com) Or [b@skintrends.com](mailto:b@skintrends.com)**

**Phone Contacts: Anna Herrera (813) 494-3757 \* Beatrice Botbol: (813) 716-3359**

*I hereby release Hooked on Hope, Inc., and/or the Magnuson Hotel of any liability as it pertains to any treatment or services I provide or receive today. I acknowledge that attendees are not obligated to provide me with their personal contact information; nor shall I contact attendees following today's event to market/sell products or services without their expressed written request.*

*I hereby acknowledge that, in order to protect the health and welfare of the Pamper Party Princesses, under no circumstances may I perform hair cutting or nail clipping as part of my Pamper Party services. I understand that I am responsible to understand the ingredients/contents of any products which could be applied to attendees today. I agree to ask attendees if they have any product/skin allergies prior to application of any substance (lotions, make-up, perfume). If attendees reports any known allergies I will refrain from applying product to that individual.*

**Vendor/Owner/Representative Signature: \_\_\_\_\_**

*Hooked on Hope, Inc. is a 501(c)(3) Non-Profit Organization \* EID #26-1986514*