



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 Rodriguez or Diane Hartzner, Pamper Party Co-Chairs:

By Fax: (813) 374-9495 or Scan & Email: annar@hotmail.com Or [reddye158@tampabay.rr.com](mailto:red dye158@tampabay.rr.com)

Phone Contacts: Anna Herrera (813) 494-3757 * Diane Hartzner: (813) 417-6032

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: _____