



Pamper Party Vendor Registration Form

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| 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 Or 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*