

**REGISTRATION
FORM**

QUADSTATE'08

(SEPTEMBER 26-28,



PRE-REGISTRATION MUST BE RECEIVED PRIOR TO WEDNESDAY SEPTEMBER 22, 2008
(PLEASE PRINT)

NAME* _____
(PLEASE LIST NAMES OF SPOUSE AND/OR OTHER FAMILY MEMBERS REGISTERED ON THIS FORM)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____

•••••SCHEDULE OF FEES•••••

Full Registration: Advance \$50.00 \$ _____
(note: On-Site registration) \$ 60.00
* _____ Family members @ \$ 15.00 \$ _____
Full time college students @ \$ 40.00 \$ _____
Senior Citizens (65+) @ \$ 40.00 \$ _____

One Day Only: Fri. or Sun. (circle one) \$ _____
Advance \$ 30.00

(note: On-Site registration) \$ 35.00
(Saturday attendance requires full registration)

Saturday Evening Dinner: **Hog Roast** **Chicken**
_____ Dinners @ \$ 12.00 \$ _____

Fairground Camping Fees:
_____ nights w/ Hook-up @ \$ 20.00 \$ _____
_____ nights Primitive @ \$ 5.00 \$ _____
(no campfires built on the ground)

Total Registration Fee Paid : \$ _____

(optional) Full SOFA membership is \$10.00/yr.
Please register me for _____ yrs. \$ _____

Total Paid: \$ _____

Please make payment payable to Southern Ohio Forge & Anvil.
All Payments must be made in U.S. funds. We cannot accept out of country checks.

- Will you be setting up for personal tool sales _____ Yes
- I am currently a SOFA member _____ Yes _____ No
- If you want to video tape demonstrations for SOFA please indicate your preference
Saturday 1st _____ Sunday 1st _____

SPECIAL NOTE: While all reasonable precautions are taken it is recognized that there are some inherent dangers connected to this event and other common hazards of daily activity. Participation, to include viewing, is entirely voluntary and at your own risk. All who register and their guests automatically release SOFA, all demonstrators and staff, the Miami County Fairgrounds and all other persons or groups helping with this event from all liability should any accident or injury occur. There are no rights, privileges, newsletter subscription or other obligations granted or implied by this agreement. **The fee you pay constitutes your associate membership and voluntary acceptance of all restrictions and disclaimers of responsibility as given here and elsewhere while attending Quadstate 2008.**

Signature _____
(REQUIRED)

Mail this completed form and payment to:
SOFA QUADSTATE 2008
P.O. Box 24308
Huber Heights, Ohio 45424-0308