



Day Crop Registration Form

Name _____ Date Attending _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

How did you hear about us? _____

Do you have any food allergies or dietary concerns? _____

Waiver, Release and Terms of Agreement

The signature below indicates that I agree to the following terms. I hereby release Scrap Inn, Inc., its sponsors, its offices and agents, of all liability, claims, lawsuits, damages, losses, costs and expenses of any kind, including without limitation, personal injuries. Scrap Inn Inc., is not responsible for lost or stolen goods. With my attendance at this event, I realize that I may be included in publicity photos. I hereby give my consent for the use of these photos and my comments in future Scrap Inn Inc., promotional materials. In the event of a cancellation, my deposit is not refundable, however, may be transferred to another crop date.

Signature _____ Date _____

Please complete this form and mail along with a 50% deposit to:

Scrap Inn P.O. Box 413 Belvidere, IL 61008

Please make Checks payable to Scrap Inn

Amount Enclosed \$ _____ Check # _____

Any remaining balance is due upon arrival.

Thank you for choosing Scrap Inn, we look forward to serving you!