

2017 SBA CONFERENCE (May 18th-21st) REGISTRATION FORM

Name: _____

Spouse/Children: _____

Address: _____

Phone:(____)____-____ E-mail: _____

Name for Name Tag: _____

Name for Name Tag: _____

PRICING (\$55 in advance - \$65 at the gate)

Family Registration for the Conference – Postmarked by May 1st:

Includes Admission to the Whole Conference for You and Your Family \$55.00

Late Fee: If you register after May 1st, add \$10.00.

Register & Pay for Friday's All You Can Eat Seafood Banquet:

\$20 a Person Ages 18 and Up / \$10 Ages 17 and Under

How Many Banquet Meals:

____ Adults, Age 18 and Up ____ Youth, Age 17 and Under

Total Amount Enclosed: _____

Please Send This Form With Your Check Or Money Order Payable To:

Southern Blacksmith Association

Judd Clem, 111 Yorkshire Drive, Athens, AL 35613
(256) 232-2645 or email at clem.judd@att.net

MC or Visa # _____ VCode _____

Signature _____ Exp date _____

**THE COST OF THE CONFERENCE WILL BE \$65 AFTER MAY 1ST
OR IF YOU REGISTER AT THE DOOR - SO REGISTER EARLY
AND SAVE \$10!**

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ACKNOWLEDGMENT, NOTICE AND RELEASE

THE UNDERSIGNED does hereby, for himself, his heirs, executors and administrators acknowledge that BLACKSMITHING activities are inherently dangerous, due to the very nature of hot metal, hot sparks, sharp objects, machinery and other activities. The use of safety glasses, long sleeved cotton or wool shirts and long cotton pants and leather high topped boots are recommended, in addition to any other safety devices available, as well as not going behind barriers and keeping a safe distance from all activities.

WARNING:

I wish to participate in these activities knowing they can be dangerous. I accept and assume all the risks of injury (including death) to property and me. Should any person listed below require medical assistance for any reason during this activity and not be in a position to obtain, request or authorize such treatment at the time, such person hereby authorizes the Activity Sponsors to obtain such medical treatment or emergency care as they may deem necessary or desirable and such person agrees to hold the Activity Sponsors harmless with regard to any such emergency care or the expenses arising therefrom. The Activity Sponsors do not condone the drinking of alcohol or taking of drugs at Activities. If you are taking any drugs or medications that might affect your ability to participate in this Activity or are otherwise do not have the experience, knowledge or ability to participate in this Activity please do not participate. If your group includes a minor child, a parent or legal guardian must sign this Acknowledgment, Notice and Release for each minor child and the minor's name must be printed next to the parent or guardian's name.

In case of emergency please notify:

Name: _____

Telephone (____)_____

Acknowledged and agreed to this ____ day of _____, 2017.

_____ Your Signature

_____ Your Spouse's Signature

REGISTRATION FOR EXTENDED LEARNING CLASSES (A.K.A. FAMILY PROGRAMS)

**Class registration and full class descriptions will be available
online on the conference website – at
<http://www.sbaconference.org/classes.html>**

Classes are available on a first come first serve basis. The class fee includes any initial materials fees and is payable in advance and is non-refundable.

If you cannot register online, contact Clair Guy at
(706) 206-2449 to reserve a class and submit payment.

Register now to guarantee a space. You may register at the conference if space is still available