

# Celebrating the Past, Looking to the Future -- CMA Samhain 2007

Member and Merchant Registration Form, Must be POSTMARKED BY October 1, 2007



Please fill out pages 1 - 3 completely and legibly; any incomplete form is subject to be returned to the sender without processing.

Questions? Please call 361-865-9077 or email [tickets@magickal-arts.org](mailto:tickets@magickal-arts.org). Registrants requires all registrants be a member in order to attend a CMA festival or event. Merchants, Early Arrival, Event Meal Options, T-shirt preorders, Community Service are discussed after the forms. Please read ALL pages before filling out. **AND PLEASE PRINT LEGIBLY!!**

## Primary Contact for Ticket Purchases:

Preferred Name, First Name Last Name A. Code Telephone OR A. Code Telephone  
 E-Mail #1 OR E-Mail #2  
 Address City State Zip Code

You may renew your membership below on each ticket line. Food Cards include Friday and Saturday Dinner Only!

Ticket #1 Please PRINT Preferred, First & Last Name Event Fee \$50 Day Pass \$25 Wed Arrival \$25 Food Card \$20 or Fri Meal \$13 Sat Meal \$13

Please mark V- Vegetarian or O- Omnivore for your meal: \_\_\_\_\_ T-shirt: S M L XL XXL XXXL (Circle Size): \_\_\_\_\_

Signature of ticket holder (required for ticket issue) agrees to waiver printed below. Membership renewal \$25 \$ Subtotal

Ticket #2 Please PRINT Preferred, First & Last Name Event Fee \$50 Day Pass \$25 Wed Arrival \$25 Food Card \$20 or Fri Meal \$13 Sat Meal \$13

Please mark V- Vegetarian or O- Omnivore for your meal: \_\_\_\_\_ T-shirt: S M L XL XXL XXXL (Circle Size): \_\_\_\_\_

Signature of ticket holder (required for ticket issue) agrees to waiver printed below. Membership renewal \$25 \$ Subtotal

Ticket #3 Please PRINT Preferred, First & Last Name Event Fee \$50 Day Pass \$25 Wed Arrival \$25 Food Card \$20 or Fri Meal \$13 Sat Meal \$13

Please mark V- Vegetarian or O- Omnivore for your meal: \_\_\_\_\_ T-shirt: S M L XL XXL XXXL (Circle Size): \_\_\_\_\_

Signature of ticket holder (required for ticket issue) agrees to waiver printed below. Membership renewal \$25 \$ Subtotal

Waiver: I, on behalf of myself and any minors for which I am the parent or legal guardian, voluntarily make and grant this Assumption of Risk in favor of the Council of the Magickal Arts, Inc., herein after known as CMA, as partial consideration for the opportunity to use the facilities, equipment, materials and/or other assets of CMA, Inc.; and/or to receive assistance, training, guidance, tutelage and/or instruction from the personnel of CMA, Inc.; and/or to engage in the activities, events, sports, festivities and/or gatherings sponsored by CMA Inc.; I do hereby waive and release any and all claims whether in contract or for personal injury, bodily injury, property damage, damages, losses and/or death that may arise from my aforementioned activities. I understand and recognize that there are certain risks, dangers and perils connected with my intended activities. I hereby acknowledge these risks have been fully explained to me and I fully understand them. I nevertheless accept, assume, and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to me, these activities. I further agree to use my best judgment in undertaking these activities and to faithfully adhere to all safety instructions and recommendations, whether oral or written from the officers, directors, and various appointed committee chairmen and members. I further understand that it is the policy of CMA to follow and adhere to all State and Federal Laws in regards to the consumption of alcohol at CMA gatherings and as such it is against CMA policy for anyone under the age of 21 to consume alcoholic beverages at any CMA sponsored event. I understand and recognize that CMA has a zero tolerance policy regarding the possession of illegal or controlled substances save in the case of legally prescribed medication. I understand and recognize that possession of firearms including by persons who have a concealed carry permits, is prohibited at CMA gatherings with the exclusion of HSA or law enforcement personnel required to have such weapons in their possession. I hereby certify that I am a competent adult assuming these risks of my own free will, being under no compulsion or duress and have read and understood all the information provided by CMA regarding festival attendance. This Waiver and Assumption of Risk is effective from October 12, 2007, through Oct 24, 2007, inclusive and may not be revoked, altered, amended, rescinded or voided without the express prior written consent of myself or CMA, Inc. Entry will be denied without current waiver.

Event cost for minors (13-17) is \$15; 12 and under: free. For additional dependents, please add a separate sheet.  
 Day Pass cost for accompanied minors: free

\_\_\_\_\_  
 Ticket UNDER 18 Please print Preferred, First & Last Name \$15 or 0 DoB F.M./Tweens/Teens? Food Card \$20 Fri Meal \$13 Sat Meal \$13  
 Please mark V- Vegetarian or O- Omnivore for your meal: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian (required for ticket issue) agrees to waiver printed above. Wed Arrival \$25 \$ \_\_\_\_\_  
 Subtotal

\_\_\_\_\_  
 Ticket UNDER 18 Please print Preferred, First & Last Name \$15 or 0 DoB F.M./Tweens/Teens? Food Card \$20 Fri Meal \$13 Sat Meal \$13  
 Please mark V- Vegetarian or O- Omnivore for your meal: \_\_\_\_\_

\_\_\_\_\_  
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 Subtotal

\_\_\_\_\_  
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 Please mark V- Vegetarian or O- Omnivore for your meal: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian (required for ticket issue) agrees to waiver printed above. Wed Arrival \$25 \$ \_\_\_\_\_  
 Subtotal

**Merchants' Registration:**

\_\_\_\_\_  
 Vending Name Booth Fee Small 10x10 LG 10x20 Electricity  
 Small \$20 Lg. \$40 \$10 (where available)  
 Camping near Booth requested \_\_\_\_\_ Parking Pass Needed \_\_\_\_\_ \$5 and must camp or use vehicle as part of booth/storage \$ \_\_\_\_\_  
 Merchant Subtotal

**Please Note: MERCHANT acceptance is not guaranteed until approved by Merchants' Representative.**  
 If approved, you must still submit a name list to the Merchant Rep of members (5 total) arriving early.

**Payment Totals:**

\$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_  
 Ticket and/or Meal Passes Donation Merchant \*Onsite Parking Pass-\$20 \*Electricity Wed Arrivals PAYMENT TOTAL  
 Membership dues Fees "RV" Parking Pass-\$5 See Below \$25 ea.

\*Medical & ADA n/c with handicap sticker or Dr.'s letter

**Mail to: CMA Registration**  
 2825 Bomar Avenue  
 Ft. Worth, Texas 76103-2347

Credit card form is attached at the bottom of this sheet. You may also fax this form to us at 866-272-7725 if you are using credit or debit cards. If you would like to use PayPal go to [www.PayPal.com](http://www.PayPal.com), send the total payment due to [finance@magickal-arts.org](mailto:finance@magickal-arts.org) with a note on the payment that you have faxed or emailed your registration to us. For further information call 361-865-9077.

Credit/Debit cards will be charged an additional \$3.50 per transaction to cover handling charges from our processor.

Checks returned for Non Sufficient Funds (NSF) will incur a charge of \$25 and tickets will not be issued until paid. Failure to pay the NSF fee will cause revocation of your membership.

## **Additional Information:**

*Tickets to CMA Samhain 2007 are not refundable after October 2, 2007.*

*Exceptions will be made for Military, Government Security Agencies or by CMA Board authorization.  
All members required to have site contact numbers registered with their agency please use 361-865-9077*

*and notify CMA One of your camping location when you arrive.*

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***Workshop and Ritual request forms are located on the Website.***

*Please note that your requests need to be approved by the Board of Directors. They also need to be postmarked*

*By October 1, 2007 and in the hands of the scheduling group no later then October4, 2007. You may email [eventservices@magickal-arts.org](mailto:eventservices@magickal-arts.org) with any questions, and you may also fill out this form on the website.*

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### ***Event Meal Card***

***(Which includes both Friday and Saturday Dinners)***

*Friday and Saturday dinners may be purchased separately for \$13 each or you may buy both for &20. Pre-orders only. The menu will be posted on the website when it becomes available.*

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***Event T-shirts will be available preordered only.***

*Details will be posted on the website when it comes available or see your Area Rep for more information.*

*Sizes available are Small, Medium, Large, XL, XXL and XXXL*

*Price for T-shirts will be \$20.00.*

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If you have any further questions, please do not hesitate to call or email your Area or CMA Representatives at

Austin Area Reps [austin@magickal-arts.org](mailto:austin@magickal-arts.org)

San Antonio Area Reps [sanantonio@magickal-arts.org](mailto:sanantonio@magickal-arts.org)

Brazos Valley Rep [brazos\\_valle@magickal-arts.org](mailto:brazos_valle@magickal-arts.org)

Outlying Areas Reps [outlands@magickal-arts.org](mailto:outlands@magickal-arts.org)

Coastal Bend Reps [coastal\\_bend@magickal-arts.org](mailto:coastal_bend@magickal-arts.org)

Houston Area Reps [set@magickal-arts.org](mailto:set@magickal-arts.org)

Merchants' Rep [merchantsrep@magickal-arts.org](mailto:merchantsrep@magickal-arts.org)

North Texas (Dallas/Fort Worth/Denton) Area Reps  
[north\\_texas@magickal-arts.org](mailto:north_texas@magickal-arts.org)

Land Manager [landmanager@magickal-arts.org](mailto:landmanager@magickal-arts.org)



*Council of Magickal Arts Incorporated*  
*Financial Management Group*

2825 Bomar Ave. Fort Worth TX 76103-2347

Telephone 361-865-9077 Fax 866-272-7725

Principal Operating Office

2825 Bomar Avenue Ft. Worth Texas 76103-2347

CFO/Finance Director - Susanne Ambühl - 210-699-3904

[finance@magickal-arts.org](mailto:finance@magickal-arts.org) FEIN 76-0418187

[www.magickal-arts.org](http://www.magickal-arts.org)

**CREDIT- DEBIT CARD- E-Check PAYMENT SLIP** - Please "PRINT LEGIBLY"

Name (and Business if appropriate) as it appears on the Card or bank account \_\_\_\_\_

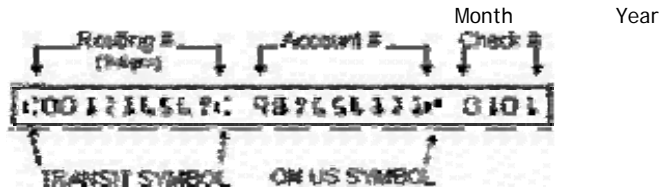
Card Type Debit \_\_\_ Credit \_\_\_ AND whether MC \_\_\_ Visa \_\_\_ Discover \_\_\_ Amex \_\_\_ E-Check

CARD number \_\_\_\_\_ Your Telephone # \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Billing Zip Code \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

IF using an E-check only



Routing number \_\_\_\_\_

Account Number \_\_\_\_\_ Check # (optional) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

By my signature above, I authorize Council of Magickal Arts to process the above payment and handling fee for the amount of \$ \_\_\_\_ . \_\_\_\_ PLUS Handling of \$3.50 for a total of \$ \_\_\_\_ . \_\_\_\_ .

NOTE: In order to process your e-check, we will need your valid driver's license number: \_\_\_\_\_

Address for a receipt for your CC or E-Check purchase? US Mail \_\_\_ E-Mail \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Different Email address if you prefer for receipt: \_\_\_\_\_

The handling charge of \$3.50 per transaction is requested to offset a portion of the bankcard fees.

All account information complies with regulatory requirements and is securely handled only by the CMA Finance Group Director or Admin. Your information is NEVER sold or released by CMA or our Processor, Card Service International. All information on regarding the full account number is destroyed unless you have elected recurring or time payment plans. Those records are destroyed upon completion of the plan you are subscribed to.



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Principal Operating Office
2825 Bomar Avenue Ft. Worth Texas 76103-2347
CFO/Finance Director - Susanne Ambühl - 210-669-3904
finance@magickal-arts.org FEIN 76-0418187
www.magickal-arts.org

CMA PAGAN PAYOUT PLAN

The Pagan Payout Program is a time payment plan, offered by CMA to help make it easier to reserve your ticket early. The Initial minimum payment to start this program is \$ 25 for each registration form submitted.

You MUST complete your purchase or have the payment by PayPal or other method received by our office in Fort Worth Texas by October 5, 2007 at 11:59 pm Central Time. CMA policy does not refund ticket purchases except as noted on the registration form. You may pay by check, money order PayPal or Credit/ Debit card.

Transaction fees will occur each time you use a Credit, debit or PayPal option. These fees will equal 3.5 % of the amount tendered. Please sign this form and include your initial payment with submittal. You will be contacted by a Finance Officer to verify your participation and to explain how credit/debit or PayPal options work with the payout program. By signing below you are making a contract with CMA to purchase tickets and other amenities for a CMA sponsored festival or event.

This contract commences upon your signature, date and acceptance by the CMA Finance Group. This contract may be cancelled by the signatory below with written notice to the CMA Finance Office at our FT Worth Office, however should this contract be cancelled by the registrant, any funds paid into this contract may not be refunded by CMA. The funds already paid into this program, may, with the approval of the Director of Finance or the CMA board be applied to a future CMA event.

First Name (PRINT) Last Name A. Code Telephone number

Address City State Zip Code

Email address (PLEASE print legibly)

Event you are paying out SAMHAIN 2007 BELTAINE 2008

Registration amount total \$ Initial payment amount \$

Expected payment schedule if known

I have read and agree to the terms stated above. on Month Day Year, 2007. Purchaser Signature

Accepted for CMA Finance Signature for CMA on Month Day Year, 2007.