

TWINS DAYS FESTIVAL

2010 TWINS PRE-REGISTRATION

FOR OFFICE USE ONLY

DATE	REGISTRATION #	REG. FEES (Per set)	AMOUNT RECEIVED	CHECK #
		\$15*		

Return this form and payment to:

Twins Days, Inc., Dept. R
9825 Ravenna Road, Twinsburg, Ohio 44087
(330) 425-3652 FAX (330) 425-7280
www.twinsdays.org / e-mail: info@twinsdays.org

ALL TWINS MUST REGISTER. Deadline for pre-registration is July 20th. All twins must provide proof of birth to register (photo copies of birth certificate, baptism, driver's license or work visa). These documents will be kept on file and will not have to be sent in for future festivals. If you have already provided proof of birth, please disregard. Send copies only. Do not send originals. **REGISTRATION FEE is \$15 PER SET for pre-registration. All fees are non-refundable. Registration on site: \$20. Please additional instruction on the back of this page.**

TWIN INFORMATION – PLEASE PRINT CLEARLY. REMEMBER NOT TO REGISTER TWICE!

T W I N 1	LAST NAME		FIRST NAME		MAIDEN NAME		AGE	BIRTHDATE
	ADDRESS				CITY		STATE	ZIP
	DAY PHONE () -		E-MAIL ADDRESS (for registration confirmation)			Please check all that apply: <input type="checkbox"/> Male <input type="checkbox"/> Identical <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Female <input type="checkbox"/> Fraternal <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
	PROOF OF BIRTH SENT?: <input type="checkbox"/> YES <input type="checkbox"/> NO							
	LAST NAME		FIRST NAME		MAIDEN NAME		AGE	BIRTHDATE

T W I N 2	LAST NAME		FIRST NAME		MAIDEN NAME		AGE	BIRTHDATE
	ADDRESS				CITY		STATE	ZIP
	DAY PHONE () -		E-MAIL ADDRESS (for registration confirmation)			Please check all that apply: <input type="checkbox"/> Male <input type="checkbox"/> Identical <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Female <input type="checkbox"/> Fraternal <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
	PROOF OF BIRTH SENT?: <input type="checkbox"/> YES <input type="checkbox"/> NO							
	LAST NAME		FIRST NAME		MAIDEN NAME		AGE	BIRTHDATE

GROUP PHOTO – Prices include shipping and handling. Photos will be shipped to the address listed below. Twins must be registered to purchase.

SIZE	DAY OF FESTIVAL	QUANTITY	PRICE PER PHOTO <small>(funds in US dollars)</small>	TOTAL
8" X 12"	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		\$12.00* <small>(Add \$2.50 if shipping outside the U.S.)</small>	

SHIP TO:

Name _____

Address _____ City _____ State _____ Zip _____

PROGRAM PATRONS are listed in the souvenir program by city and state. Maximum of 44 letters (including spaces) per line at a cost of \$5* per line. No phone numbers, addresses or advertisements, please. **This form must be received by June 20th at the TDFC office for the patron listing to be included in the program.**

Name(s) 1. _____

2. _____

PAYMENT

MASTERCARD, VISA and DISCOVER are being accepted for pre-registration, group photo(s) and program patron fees prior to the festival only.

MASTER CARD **VISA** **DISCOVER** CVV Code _____
3-4 digit security code on back of card.

Card # _____ Expiration Date _____

Name _____

Signature _____ Date _____

LIST TOTALS BELOW	
REGISTRATION	\$
GROUP PHOTO(S)	\$
PROGRAM PATRON	\$
TOTAL ENCLOSED	\$

U.S. CURRENCY ONLY

***ALL FEES ARE NON-REFUNDABLE.**