



**2018 Paula Ellis Memorial  
Flute Players'  
Competition Registration  
Form  
Native Rhythms Festival**



**Fill out this form completely:** (Please PRINT or TYPE)

**Name** (Last, First): \_\_\_\_\_

**Address** (Street or PO Box): \_\_\_\_\_  
(City, State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**Phone Number:** (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Short Bio about yourself. How long have you played the flute, etc.....**

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All contestants must sign the liability release as stated to release the **Native Rhythms Festival** and all sponsoring organizations of all liabilities. To indemnify and hold the **Native Rhythms Festival** and all sponsoring organizations harmless against any and all claims arising from any negligence of Participant/Commercial Displayer/Vendor or of any Participants/Commercial Displayer's/Vendor's agents, contractors or employees, or arising from an accident, injury or damage whatsoever, however cause, to any person or persons, corporation or corporations, occurring in, on, or around the immediate vicinity of a Participant or of the space operated by a Commercial Displayer/Vendor.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***I confirm that I have read and understand the "Authorization to Take and Use Photographs/Video and Waiver and Release of Claims" outlined in the "Rules and Procedures" page for this competition.***

Printed Name \_\_\_\_\_ **Signature** \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

I hereby certify that I am the parent and/or guardian of a child under the age of 18 years, and I hereby consent that any Images (as defined above) may be used for any purposes set forth in this Authorization and Release above.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

*Applications and a \$20.00 non-refundable entry fee must be postmarked between October 1st and October 31, 2018, inclusive. **THERE WILL ONLY BE 12 APPLICATIONS ACCEPTED.** Applications will be accepted in order of postmark date and time stamp if more than 12 applications are received. After the 12 applicants are accepted, the remainder will then go on a waiting list in case of no-shows.*

*All registrants must check in at the competition registration table by **10:00 AM Friday, November 9 2018.** Failure to do so will result in the loss of your playing slot and be given to the next person on the waiting list.*

*Mailed payments must be made in the form of personal check, money order, or cashier's check. **Make all payments payable to NHGI. Mail your Application and payment to:***

*Native Rhythms Festival  
c/o Joyce Bugaiski  
4709 S. Dossey Road  
Lakeland, FL 33811*

*If you wish to receive acceptance notification by return mail, please include a self address stamped envelope.*

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**Native Rhythms Festival Office use Only. Do not mark in this box.**

Date and Time Received: \_\_\_\_\_

Validated by: \_\_\_\_\_

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**ACCEPTANCE RECEIPT FOR FLUTE PLAYERS COMPETITION ~ NRF ~ 2018**

Name of Applicant: \_\_\_\_\_

Application received and accepted: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_