



PACKET PICK UP

Release Form

This form is to inform Sombbrero Festival, Ltd. that I, as the PRIMARY Member, am unable to pick up the Membership Packet. I hereby authorize that the individual listed below is able to pick up the 2019 Membership Packet on my behalf. I am aware of that I am responsible for being familiar with all Terms & Conditions of Membership posted online at www.sombbrerofestival.com.

PRIMARY Member Name: _____

E-mail Address: _____

AUTHORIZED Member Name: _____

E-mail Address: _____

PRIMARY Member Signature: _____

Date: _____

*******FOR OFFICE USE ONLY*******

Date: _____ **Rec'd by:** _____