

LOCATION

The Wahabi Shriner's Building
4123 I-55 South (Frontage Rd.)
Jackson, MS 39212

Crop Connection Registration Form

Event Dates: **July 9th, 10th, & 11th, 2020**

Please attach a recent **photo** of yourself with this registration form.

Mail to: Crop Connection, 5025 Hwy 80 East, Pearl, MS 39208, ATTN: Registration

Please remember, our seating is limited. In an effort to be fair and serve our croppers on a first come, first served basis, our registration will be handled through **snail mail only** based on the postmark. We reserve the right to accept/deny registrations. Registrations are non-transferable. Remember to complete the **back page** of this form. **Incomplete forms will not be accepted.** Register before **Tuesday, February 11th** to be entered into a drawing for **\$100 Crop Connection Cash** to be spent with our Vendors.

Is this your first time attending Crop Connection? **YES NO** If you have been before, please circle the years you have attended.

Jan. - '05 '06 '07 '08 '09 (1st wknd or 2nd) '10 (1st wknd or 2nd) '11 '12 '13 '14 '15 '16 '17 '18 '19 '20 **July** - '10 '11 '12 '13 '14 '15 '16 '17 '18 '19

Please Print

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____

We use e-mail as the primary source for communicating with you regarding our event. **Please print** your e-mail on the space provided. Cell # (_____) _____

E-mail: _____

- Please **circle** the **package** number of your choice:

Package #1 With 5 Meals (\$12.00 per meal) - \$250.00 (After **May 11th** registration for Pkg. #1 increases to \$280.00)
(Meal schedule: Thurs. Supper, Fri. Lunch/Supper and Sat. Lunch/Supper)

Package #2 With NO Meals - \$190.00 (After **May 11th** registration for Pkg. #2 increases to \$220.00)

Please **circle** the **payment option** of your choice: **Paid in Full** or **Payment Plan**

Payment Plan Schedule
1st Payment due w/ registration form postmarked by **February 11th** - \$50.00 for **Pkg. 1/ \$38.00 for Pkg. 2**
2nd Payment due - postmarked by **March 11th** - \$50.00 for **Package 1/ \$38.00 for Package 2**
3rd Payment due - postmarked by **April 11th** - \$50.00 for **Package 1/ \$38.00 for Package 2**
4th Payment due - postmarked by **May 11th** - \$50.00 for **Package 1/ \$38.00 for Package 2**
5th Payment due - postmarked by **June 11th*** - \$50.00 for **Package 1/ \$38.00 for Package 2**

*If you choose the payment plan, all payments mailed after **June 11th** must include a **\$30.00** late fee.

- **Crop Connection T-Shirt (Deadline: June 1st) - Please check one:**

YES _____ I would like to order a T-shirt. My size is: **S M L XL 2X 3X** Please include **\$20.00** with your form/payment.

NO _____ I do not want a T-shirt. **Pre-orders only. T-shirts will not be available for purchase at the event.**

- **Crop Connection Blanket (Deadline: June 1st) - Please check one:**

YES _____ I would like to order a blanket. Please include **\$25.00** with your form/payment.

NO _____ I do not want a blanket. **Pre-orders only. Blankets will not be available for purchase at the event.**

▪ **Circle Method of Payment:** Subtotal: Pkg. Price/ Payment Price \$ _____ **GRAND TOTAL:**
Check or Money Order **T-shirt** \$ _____ \$ _____
Blanket \$ _____

Office Use Only: EB _____ SA _____ RMDH _____ PKG# _____

PP #1- Date: _____ Amount: _____ CK# _____ RB _____

PP #2- Date: _____ Amount: _____ CK# _____ RB _____

PP #3- Date: _____ Amount: _____ CK# _____ RB _____

PP #4- Date: _____ Amount: _____ CK# _____ RB _____

PP #5- Date: _____ Amount: _____ CK# _____ RB _____

Giving Opportunities

*Visit our website for helpful hints about the **Silent Auction** and information about the **Ronald McDonald House "Wish List"**.

1. **"What's in the Box?" Silent Auction** I will participate in **"What's in the Box?" Silent Auction*** by purchasing and gift-wrapping a **\$10** (retail value) scrapbooking item **or** by bidding on an item(s). **YES _____ NO _____**
*All proceeds from the Silent Auction will benefit the **Wahabi Shriner's Transportation Fund**.*

2. **Ronald McDonald House "Wish List" Items** For each item you donate from the **RMDH "Wish List"**, you will receive a ticket for a chance to win a special prize. Visit our website and click on the **RMDH logo** for a current list of items. I will participate in the **RMDH "Wish List"** by purchasing items on the RMDH List. **YES _____ NO _____**
*All items will be donated for the benefit of the **Jackson Ronald McDonald House**.*

Crop Connection Policies

Cancellation

We do understand that circumstances arise that prevent you from attending and we work to accommodate each request. However, we will no longer be able to transfer registrations from one event to another. You may request a refund in writing, minus a **\$50.00 cancellation fee**, up to **60** days before the event (on or before **May 11th**). After **May 11th**, no refunds will be issued, no exceptions, including, but not limited to weather or natural disasters. Policies and prices are subject to change. There is **NO EXCEPTION** to the cancellation policy. Registrations are non-transferable.

Waiver and Release

The signature below indicates that I, _____, agree to the following terms:
I hereby release Crop Connection, its sponsors, its officers, agents and employees, and the event facility of all liability, claims, lawsuits, damages, losses, costs, and expenses of any kind which arise out of or result from my attendance at a Crop Connection Event, whether or not foreseeable, including without limitation, personal injuries to me or my invitees. Crop Connection is not responsible for lost or stolen goods. With my attendance at this event, I realize that I may be included in publicity photos. I hereby give my consent for the use of these photos and my comments in future Crop Connection promotional materials. (ex. Website, Facebook, Instagram, e-newsletters, etc.)

I have read and understand the cancellation policy and the waiver and release listed above and agree to these terms by signing below. Registration form is not complete without your signature in the designated space.

Signature _____ Date _____

Table Mates

If you have a group of two or more, please choose **one person** to fill out this section. *Your name on this list does not secure a crop space for you.* Each person must fill out the registration form and mail it along with payment to Crop Connection.

Please Print

Group Name _____

- | | |
|-------------------------|-----------|
| 1. (Group Leader) _____ | 8. _____ |
| 2. _____ | 9. _____ |
| 3. _____ | 10. _____ |
| 4. _____ | 11. _____ |
| 5. _____ | 12. _____ |
| 6. _____ | 13. _____ |
| 7. _____ | 14. _____ |

Mail completed and signed pages along with your check or money order to:
Crop Connection, 5025 Hwy 80 East, Pearl, MS 39208 ATTN: Registration
www.cropconnection.net