



*2nd Annual Lemurian Awakening "10-10" Tour
October 8-12, 2009*

Registration Form

(Please PRINT and complete ALL information)

Name: (Ms) (Mrs) (Mr) First _____ Last Name _____
 Address _____
 City _____ State/Country _____ Postal Code _____
 Telephone () _____ Fax () _____ Email _____
 Paid By: Credit Card (PayPal) _____ Cashier's Check _____ Money Order _____ Personal Check _____
 *Name of Requested Roommate _____

**As all accommodations are shared, a roommate will be assigned if not known at time of registration.*

REGISTRATION INFORMATION

- Registration/payment deadline: September 1, 2009
- Tour price is based on minimum 16 participants; if less than 16, price is subject to increase
- Forms of payment: Credit card online through PayPal (additional processing fee applicable), cashier's check, money order, or personal check (Hawaii banks only)

ACKNOWLEDGMENT, RELEASE, AND INDEMNITY

I hereby acknowledge receipt of all pertinent information and data of the 2nd Annual Lemurian Awakening "10-10" Tour ("Tour"); do hereby agree to release, acquit, and forever discharge SILVER WINGS OF LIGHT LLC ("LLC"), its employees, officers, directors, contracted vendors, and service providers ("Related Parties") of and from any and all claims, actions, causes of action, liability, demands, and damages of whatsoever kind and nature, arising, directly or indirectly, out of any and all matters, activities, and functions related or connected to said Tour; and do forever agree to protect, defend, indemnify, and hold harmless LLC and Related Parties of and from any and all damages, claims, and losses, including attorney's fees and costs, arising in any way out of said Tour.

Signature

Date

EMERGENCY CONTACT: Please provide the name and telephone number of a relative or friend to contact in the event of an emergency.

Name _____ Relative _____ Friend _____ Telephone _____

Please FAX completed form to (808) 377-1367