



**TEMPLE OF THE ANCIENT ONES PRESENTS  
 A MID SUMMER FESTIVAL  
 JULY 26-28, 2013  
 CAMP LAKE LAJOIE  
 For more info - Shari 731-225-8672**

**Reserve your place now. Space is limited.**

**Fill Out Form - Save and Email or Print and Mail**

**Use Donate Button on [HOME](#) Page to Pay or  
 Mail Money Order to 203 Harts Bridge Rd, Jackson, TN 38301**

**Admission Type:**

\*  Full Weekend (See Below)  Daytrip \$30  Vendor \$60    How Many Adults? 1 or 2

<b>Title:</b>		<b>\$ 50.00</b>
<b>First Name: *</b>		Per Adult
<b>Last Name: *</b>		
<b>Date of Birth (mm-dd-yyyy): *</b>		
<b>Address 2:</b>		
<b>City: *</b>		
<b>State:</b>		
<b>Zip: *</b>		
<b>Country:</b>		
<b>Email *</b>		
<b>Confirm Email *</b>		
<b>Phone:*</b>		
<b>Special Needs / Special Requests (Food or Medical):</b>		

Are you bringing another adult? * If Yes use next page or No	Are you bringing any children under the age of 18?: * If Yes fill out child page or No
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**I want to room with:**

<b>Title:</b>	
<b>First Name: *</b>	
<b>Last Name: *</b>	
<b>Date of Birth (mm-dd-yyyy): *</b>	
<b>Address 2:</b>	
<b>City: *</b>	
<b>State:</b>	
<b>Zip: *</b>	
<b>Country:</b>	
<b>Email *</b>	
<b>Confirm Email *</b>	
<b>Phone:*</b>	
<b>Special Needs / Special Requests (Food or Medical, etc):</b>	

**\$ 50.00**

Per Adult

Are you bringing another adult? * Yes or No	Are you bringing any children under the age of 18?: * Yes or No (Fill out appropriate forms)
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<b>I want to room with:</b>
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**Food Choose One: Meat - Veggie - Vegan**

Children:

Food Choose One: Meat - Veggie - Vegan

<b>__ Age (6 and under are free): * __ 7-11 \$10 __ 12-17 \$20</b>	
<b>Child's First Name: *</b>	
<b>Child's last name: *</b>	
<b>Child's birthdate: *</b>	
<b>List allergies: *</b>	
<b>List child's medications (prescription and OTC): *</b>	

<b>__ Age (6 and under are free): * __ 7-11 \$10 __ 12-17 \$20</b>	
<b>Child's First Name: *</b>	
<b>Child's last name: *</b>	
<b>Child's birthdate: *</b>	
<b>List allergies: *</b>	
<b>List child's medications (prescription and OTC): *</b>	

<b>__ Age (6 and under are free): * __ 7-11 \$10 __ 12-17 \$20</b>	
<b>Child's First Name: *</b>	
<b>Child's last name: *</b>	
<b>Child's birthdate: *</b>	
<b>List allergies: *</b>	
<b>List child's medications (prescription and OTC): *</b>	



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 Email: templeoftheancientones@ymail.com  
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	Quantity	Price Each	Total
Adults - Full Weekend		\$ 50.00	\$
Age (6 and under are free):		FREE	\$
Children age 7-11		\$ 10.00	\$
Children age 12-17		\$ 20.00	\$
Adults - Day Trip		\$ 30.00	\$
Vendor (includes 1 adult)		\$ 60.00	\$

Today's Date:	Total Enclosed \$ _____
I agree to the terms and conditions:	<input type="checkbox"/> To Follow the Rules of TAO and TN State Parks

**Food Choose One: Meat - Veggie - Vegan**

**Vendors:**

Business Name:	
Products Being Sold:	

**Vendors please note that you must donate one item to the auction.**

By turning in this form, I agree to volunteer to help when asked.