



**The Great Escape & Splashwater Kingdom
2010 Participation Agreement**

Print and complete the following information and fax it to 1-866-871-9937 or mail to Spring Spin™
1777 Larimer St. #1202, Denver, CO 80202, to confirm your organization's participation in Spring Spin:
One Good Turn To Benefit Another™. Should you have any questions, please call 866-388-SPIN (7746).

Please Print Clearly

Legal Name of Organization: _____

Nonprofit Tax ID Number (required): _____

Organization's Mailing Address (No PO Boxes): _____

City, State, Zip: _____

Organization's Phone Number: _____

Organization's Fax Number: _____

Organization's Email Address: _____

Organization's Website Address: www. _____

Designated Representative's Name: _____

Representative's Title or Position with Organization: _____

Representative's Mailing Address (if different from above; no PO boxes) _____

City, State, Zip _____

Representative's Daytime Phone Number: () _____

Representative's Evening Phone Number: () _____

Representative's Email address (required)*: _____

Brief description of organization:

How did you hear about Spring Spin™?

- Participated in a past Spring Spin event | Postcard | Newspaper ad | Email |
 Website | Word of mouth | Facebook | Other (please specify)



Agreement of CONSIGNEE to all foregoing terms and conditions is indicated by signature below.

CONSIGNEE agrees to report ticket sales according to the schedule provided by Spring Spin™. Additional tickets may be ordered provided CONSIGNEE has already paid for an equivalent number of tickets. **CONSIGNEE agrees to make a final accounting of all monies and consigned tickets by Wednesday May 26, 2010.** CONSIGNEE assumes full responsibility for tickets consigned, and agrees to pay *Spring Spin™* or The Great Escape & Splashwater Kingdom before event date for all unreturned tickets regardless of the reason for non-return. All money due and any unsold tickets shall be delivered personally or sent to *Spring Spin™* by certified mail or express mail. I give my permission to receive information via email regarding Spring Spin: One Good Turn to Benefit Another™. The event uses my email information solely for its own purposes and does not sell email information to any outside organization. If any dispute arises between CONSIGNEE and the above parties, the prevailing party shall be entitled to recover attorney fees and costs from such action.

I hereby certify that I am an authorized representative of the above organization, I am 18 years of age or older and I will abide by all the rules set forth by Spring Spin™.

Authorized Signature

Date