



Althing 31 REGISTRATION FORM



This completed form must be received by us before 9/20/09 so that you can be added to the guest roster. Early registration is quite helpful to us for the purchase of food and other Althing supplies, so please register as soon as you can. The Althing is open to all members of The Asatru Alliance including Formational Kindreds. Although guests are certainly welcome, any guests who wishes to attend this event must be personally cleared by the Allsherjargothi. If your guest(s) are approved, you will be held responsible for their actions. The host Kindreds reserve the right to refuse attendance at this event to anyone for any reason.

All who attend the Althing must support the by Laws and Tribal Law of The Asatru Alliance and are also bound to respect our religious and cultural views. You are honor bound to keep the peace of the Thing. Please note that there will be zero tolerance for drunks and/or trouble makers at our events.

FEES: For advance payment received before 9/20/09: \$50.00 for individuals and \$65.00 per family including minor children. Adult children (over 18) should pay \$50.00. If you pay at the gate with prior registration, individuals pay \$60.00 each and families pay \$75.00. Make all checks and money orders out to The Asatru Alliance, or you can call the Alliance office at: 928-474-1010 and pay by credit or debit card.

PLEASE DETACH AND RETURN THIS FORM WITH PAYMENT

Name _____

Address _____ City _____ State _____ Zip _____

Kindred Affiliation _____

Phone Number _____ E-mail _____

CHECK:
 Single Family Total Number in Your Party _____

Number of Adults _____ Number of Minor Children _____

Amount Enclosed with Registration _____ I Will Pay at the Gate

I WOULD LIKE TO BRING A GUEST(S) TO THE ALTHING, I UNDERSTAND THAT THIS GUEST MUST OBTAIN PRIOR APPROVAL. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR MY GUEST(S) BEHAVIOR.

My Name _____ Kindred Affiliation _____

My Phone Number _____ or E-mail _____

Name of Guest(S) _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Signature of Responsible Party _____
