



Butchmanns Experience



Registration Form

INSTRUCTIONS:

view the following:

- Participants must be a minimum of 18 years old to participate. Legal ID will be verified upon arrival.
- This event includes physical movement and exertion, including SM activities. You are solely responsible for the health, safety and care of your own person. Signed waiver forms are required.
- All information provided on this form and throughout the weekend is held in the highest confidence.
- Write legibly and verify email address. Confirmation of registration will be sent via email.

PERSONAL INFORMATION:			Today's Date:	
Last Name:		First Name:		Date of Birth:
Preferred Name for Event:			Email:	
Address:				Phone:
City:		State:	Zip:	Phone:
EMERGENCY CONTACT: (someone who is not attending the same event)				
Name:		Relationship:		Phone:

HEALTH INFORMATION: Contact your health care provider with any questions about your health status.

List any medical conditions or health considerations you have that you would like the hosting organization to be aware of, including current medications (N/A if not applicable):

List any allergies - food, medications, latex, metal, etc. (N/A if not applicable):

List any dietary* restrictions or preferences (N/A if not applicable):

** We will do our best to provide for your dietary needs, however we can not guarantee that special diets will be accommodated. You are welcome to bring any specialty foods for your own use.*

ADDITIONAL INFORMATION: We recognize the potentially diverse nature of these answers.

Gender/ Identity/ Expression:		Sexual Orientation/Expression:				
Role Orientation:	<input type="checkbox"/> Master	<input type="checkbox"/> slave	<input type="checkbox"/> Dominant	<input type="checkbox"/> submissive	<input type="checkbox"/> Top	<input type="checkbox"/> bottom
	<input type="checkbox"/> Switch	<input type="checkbox"/> None	<input type="checkbox"/> Undecided	<input type="checkbox"/> Other - list:		
<input type="checkbox"/> I will be attending by myself		<input type="checkbox"/> I will be attending with (name):				

We would appreciate knowing how you heard about us. (select all that apply and provide details)

<input type="checkbox"/> A friend (name):	<input type="checkbox"/> Conference (which):
<input type="checkbox"/> A prior participant (name):	<input type="checkbox"/> Magazine/Newsletter (name):
<input type="checkbox"/> I've attended before (when):	<input type="checkbox"/> Internet (where):
<input type="checkbox"/> Flyer (where):	<input type="checkbox"/> Other (where):

Butchmanns Experience Registration Form (continued)

Select your level of experience and your level of interest in the following activities using a scale of 1 to 3. (1 = no experience or interest, 2 = some experience or interest, 3 = a lot of experience or interest)

ACTIVITY	EXPERIENCE LEVEL			INTEREST LEVEL		
Sensory limitation (sight, hearing)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Flogging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Restraints (not immobilized)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Immobile bondage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Mummification	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Piercing / Needles	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Mastery / slavery (part-time)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Mastery / slavery (full-time)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

EVENT INFORMATION: Which event do you wish to attend? (visit our [Schedule](#) page for event details)

First choice	Title:	Location:	Date:
Alternate	Title:	Location:	Date:

Put me on the waiting list and contact me if an opening becomes available.

Add my email address to your mailing list for future events.

EVENT FEES: To be paid in advance and enclosed with the printed application. (select appropriate fee)

First-Time Participant:	<input type="checkbox"/> \$250 – early registration	<input type="checkbox"/> \$275 – within last 4 weeks prior to event start date
Repeat Participant:	<input type="checkbox"/> \$200 – early registration	<input type="checkbox"/> \$225 – within last 4 weeks prior to event start date

REFUND POLICY: Participant is eligible for full reimbursement if weekend event is cancelled.

Cancellation up to 4 weeks prior to event	100% reimbursement of event fee
Cancellation between 2 and 4 weeks of event	50% reimbursement of event fee
Cancellation within 2 weeks of event or no-show	0% reimbursement of event fee

AUTHORIZATION: I certify that I am of legal age to attend this event and my payment is enclosed.

Amount paid: \$	<input type="checkbox"/> Check #:	<input type="checkbox"/> Money Order #:
Printed Name:	Verify Email:	
Signature:	Date:	

MAILING INSTRUCTIONS:

- Send an email notification to registration@butchmanns-experience.org when you mail your application.
- Sign this form and mail it with your check or money order made payable to:

Butchmanns Experience
PO Box 13531
Tempe, AZ 85284

FOR STAFF USE ONLY:

