



PoppyHead Tie-Dye

267-230-1381



DeSign #1 Spiral



Design #2 Spider



Design #3 Geo

Please specify youth or adult sizing

	Name	Design #	Size	Please specify youth or adult sizing	
				youth	adult
1				Y	A
2				Y	A
3				Y	A
4				Y	A
5				Y	A
6				Y	A
7				Y	A
8				Y	A
9				Y	A
10				Y	A
11				Y	A
12				Y	A
13				Y	A
14				Y	A
15				Y	A
16				Y	A
17				Y	A
18				Y	A
19				Y	A
20				Y	A

Name _____

Address _____

Phone Number _____

Number of Guests _____

Date and time of function _____



www.PoppyHead.net 267 -230-1381

Design 1

Youth S____ Youth M____ Youth Lg.____ Youth XL____ Adult S____ Adult M____ Adult Lg.____ Adult XL____ Adult 2X____

Design 2

Youth S____ Youth M____ Youth Lg.____ Youth XL____ Adult S____ Adult M____ Adult Lg.____ Adult XL____ Adult 2X____

Design 3

Youth S____ Youth M____ Youth Lg.____ Youth XL____ Adult S____ Adult M____ Adult Lg.____ Adult XL____ Adult 2X____

In order to secure a date, a non-refundable deposit of 50% must be made

This agreement releases PoppyHead Tie Dye from all liability relating to injuries that may occur on location. By signing this agreement, I agree to hold PoppyHead Tie Dye entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in using Permanently Dying Garments. These include but are not limited to Staining of clothing, staining of skin, destruction of surfaces, porous or otherwise. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against PoppyHead Tie Dye for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

(Participants Signature)

Date

Total Price \$ _____

Less non-refundable Deposit of \$ _____

Amount due upon arrival \$ _____