



## Xoticity Service Sign-Up Form

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Participant Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Website: \_\_\_\_\_

Is This Your 1<sup>st</sup> Xoticity/Msbbjammin' Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, When was your 1<sup>st</sup> Xoticity/Msbbjammin' Service & Location? \_\_\_\_\_

Who Referred You? \_\_\_\_\_

How did you hear about Xoticity/Msbbjammin'? \_\_\_\_\_

What's Your Born & Living Gender? Born/Living Woman \_\_\_\_\_ Born/Living Male \_\_\_\_\_

Did you read & are you following our Participation Guidelines, Terms, Conditions, Policies, Waiver & Agreements? Yes \_\_\_\_\_ No \_\_\_\_\_

Keep in mind that you are responsible for yourself, your own personal Items & the cost of any Injuries.

Print Full Name: \_\_\_\_\_

Sign Full Name: \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print/Download & complete this Xoticity Service Sign-Up Form & send to [sign-up@xoticity.com](mailto:sign-up@xoticity.com) before you to Check-In.

Make sure you have your Identification Card with you.

Have Fun, Be Free & Always Be Yourself.

