



**** All areas denoted in red are required.**

Name: _____

Nickname/Handle: _____

Age: _____

E-mail: _____

Alternative Contact Information: _____

Location Traveled From: _____

Special Requirements: (If you cannot stand for long periods, allergies, asthma, low blood sugar, etc.)

Favorite member of Arashi: _____

Are you being accompanied by a registered friend or family member? Select: **Yes** **No**

What name are they registered under? _____

Would you like an e-mail confirming your registration? Select: **Yes** **No**

Please sign below stating that you understand that this information is being collected only to keep track of our registered guests. None of the information gathered will be sold to businesses of any sort and no Spam will be sent to your e-mail address.

Signature _____

Date _____

Thank You For Registering for the Arashi Winter Fan Meet 2008