

General Safety Plan



Saturday, March 3, 2018

IMPORTANT – PLEASE COMPLETE AND EMAIL FORM TO: bigmuddymakerfaire@gmail.com

Maker: _____

Description: _____

Placement: _____

Demonstration Summary: _____

Do you have insurance: _____ Yes _____ No

Qualifications and Previous Experience: _____

Personnel: _____

General Safety Precautions and Plan: _____

Additional Comments: _____

Maker Name: _____

Contact number: _____

Signature: _____