**A family with a child and a box

AI-generated content may be incorrect.**

**INSTANT CHANGE**

**Address:**

**4690 Millennium Dr, 3rd Floor Belcamp, 21017 Email:** [**instantchange777@gmail.com**](mailto:instantchange777@gmail.com)

**Tel: (240)263-0848 Website: https://www.instant-change.net**

**APPLICATION FORM**

**Event Registration Form**

**Event Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Organization/Company (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Re gistration Details**

* **Ticket Type:**  
  ☐ General Admission  
  ☐ VIP  
  ☐ Student  
  ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Will you attend in person or virtually?**  
  ☐ In Person  
  ☐ Virtual
* **Dietary Restrictions (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments**