

# Blame My Roots Fest

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740-827-6647

<b>For Office Use Only:</b>	
Confirmation #:	Processed By:
Amount Paid:	Date Paid:
Extras Paid On-Site:	
<input type="checkbox"/> Extra WB #1	<input type="checkbox"/> #2
<input type="checkbox"/> #3	<input type="checkbox"/> #4
<input type="checkbox"/> Extra Parking (#)	

## 2022 Blame My Roots Fest Primitive Camping Reservation

One (1) form per campsite. Each campsite includes **one (1) parking pass** and **two (2) wristbands**.  
You must have your Blame My Roots Weekend Concert Wristband on to purchase and check in for your campsite.

**Campsites are non-refundable.**

Reservation Name: \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Arrival/Check-In: \_\_\_\_\_

*\*On or after Wednesday, July 13, 2022*

Who will receive the 2 paid wristbands?

1. \_\_\_\_\_ 2. \_\_\_\_\_

Names of additional campers. Each additional wristband is \$40/person. (To be purchased on-site.)

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

I understand that anyone on my site must have a Blame My Roots Concert Wristband to purchase and enter the campgrounds. **Initials:** \_\_\_\_\_

All persons camping/parking/visiting Blame My Roots Festival and/or campgrounds do so at their own risk. No liability will be assumed by Blame My Roots Festival, the owners, staff or others. No liability or responsibility is assumed for any lost, stolen, or damaged property. All Blame My Roots Festival campers must wear a campground and concert wristbands at all times.

**My signature acknowledges that I have read and understand the attached information.** I also understand that I am responsible for all campers and campsites on my reservation form and for making sure that they are aware of, understand and abide by all rules and regulations. **Anyone disregarding any rules or regulations will be asked to leave the property immediately without refund.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_