

TEAM NAME:	
TEAM NAME:	
TEAM MEMBER 1:	
ADDRESS:	
CELL PHONE:	
TEAM MEMBER 2:	
ADDRESS:	
CELL PHONE:	
<b>Cornhole Waiver:</b> In making application to participate in the Harvest Festival Cornhol efforts are being taken to protect contestants, officials, and spectators from harm. No	
In consideration of the acceptance of this entry, I hereby for myself, my heirs, executor for damages I may have against any and all other entrants, and/or sponsors, co-spon representatives, contest officials and officers and directors of the Gothenburg Chamb Cornhole Tournament.	sors, their committees, sub-committee members, agents and any
Contestant 1 Signature:	Date
Contestant 2 Signature:	Date
For office use: DATE RECEIVED: PAYMEN	T: