

SEPTEMBER 29 THRU OCTOBER 2



South Whitley Fall Festival BED RACE Registration

Team Name: _____

Team Sponsor: _____

Team Description: _____

Contact Information

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

TEAM MEMBERS

Rider _____

Pusher _____

Pusher _____

Pusher _____

Pusher _____

Waiver:

The undersigned, representing the participating team and all it's members and sponsor, hold harmless and without liability, **The Town of South Whitley, South Whitley Fall Festival, Inc**, and its membership, from any accident or injury occurring from participation in this contest. All decisions made by officials are final.

Name (Printed) _____ Date _____

Signature _____