

Toilet Bowl Challenge

July 22, 2017
Jefferson County Fair Park
www.tomorrowshope.org

Event Number

(assigned the day of the event)

Registration Form

NOTE: Please Print Clearly

PARTICIPANT INFORMATION:

Team Captain/Contact (Team Member #1): _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Team Name: _____

Team Member #2: _____

Email: _____ Phone: _____

Team Member #3: _____

Email: _____ Phone: _____

PAYMENT INFORMATION:

Registration Fee: \$15/team if registered on or before July 12th \$20/team if registered after July 12th

Make checks payable to: Tomorrow's Hope

Mail registration form AND payment to:

Tomorrow's Hope
147 W Rockwell Street
Jefferson, WI 53549

NOTE: No refunds. Participant understands that the entry fee is non-refundable and non-transferable.

ACKNOWLEDGEMENT & SIGNATURE:

My signature below indicates I have carefully read and fully understand the following waiver agreement. I am aware that this is a release of liability, a promise not to sue, and a contract between myself and the event parties that will bind our spouses, heirs, personal representatives, assigns, and all members of our families, including any minors. We sign this agreement of our own free will.

Signature Team Member #1

Date

Signature Team Member #2

Date

Signature Team Member #3

Date