



CASCADE DAYS

BED RACE

ENTRY FORM

(5 Person Team)

Saturday August 21, 2010 **Time:** 6:00 pm

Location: Main St. in front of Bear square

Ages 16 & Up

Under 18 Parent must **Sign this form.**

Name: _____ Age _____ Parent: _____ Name: _____ Age _____ Parent _____

Name: _____ Age _____ Parent: _____ Name: _____ Age _____ Parent _____

Name: _____ Age _____ Parent: _____

Address of Person to contact _____

Phone: _____ . Cell Phone _____

Every participant under 18 must have this form signed by a parent or guardian and turned in on or before race day.

I give my child permission to participate in the Concrete Cascade Days Bed Race on August 21, 2010.

Upon my signature I accept full responsibility for my child and hold harmless

Cascade Days, or town of Concrete and any persons or partners associated with this event.

I want to participate in the Concrete Cascade Days Bed Race on August 21, 2010.

Upon my signature I accept full responsibility for myself and hold harmless

Cascade Days, the town of Concrete and any persons or partners associated with this event.

Sign _____ Date _____

Beds are made and will be available for your use.

Have Fun !!!!

Any questions please call : John Legg at (360) 853-9500

Please Mail Entry Forms to: P.O. Box 251 Concrete Wa 98237, or Leave at Albert's Red Apple.

Cascade Days Festival

ATTN: John Legg

P.O. Box 251

Concrete, Wa. 98237

Concrete Cascade Days

Bed Race
ENTRY FORM
(5 Person)