

**Downtown
Lenoir, NC
28645**

**October 20th &
21st 2017**



2017 Cornhole Entry

Team Name: _____
Contact Name: _____ Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Day Phone: _____ Cell Phone: _____

**The cost to enter a team is
\$25.00 per team.**

Tournament will begin Saturday October 21st at 2:00 PM. Teams not there to begin the tournament will forfeit their entry fees. Teams are encouraged to arrive at 1:30 PM to ensure their entry into the tournament. ACA rules of play will be enforced during the tournament. Tournament will take place in the parking lot across from 1841 Café.

Payment

Total Cost of Entry _____

Make checks payable to: Smoking in the Foothills _____

Mail to: 309 Sheldon Street, Hudson, NC 28638 _____

Waiver

In consideration of your accepting this application, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my employees, executors and administrators, waive and release any and all rights and claims for damages I or my employees may have against the Smoking in the Foothills Festival, the City of Lenoir, the Smoking in the Foothills Sponsors, KCBS, their representatives, successors and assigns for any and all injuries suffered by myself, my employees or my guest in the event. Further, I grant full permission to the event organizers and/or agents authorized by them, to use any photographs, videotapes, recording or any record of the event for any legitimate purpose. I have read and agree to abide by the rules and regulations of the Smoking in the Foothills Festival.

Team Captain Signature: _____ Date: _____