

**Downtown  
Lenoir, NC  
28645**

**June 2, 2017**



## 2017 Cornhole Entry

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

### Only \$25.00 Per Team to Enter

1<sup>st</sup> Place \$200.00  
2<sup>nd</sup> Place \$150.00  
3<sup>rd</sup> Place \$100.00  
4<sup>th</sup> Place \$50.00

**Tournament will begin Friday June 2nd at 6:30 PM.  
Teams are encouraged to be there at 5:30 PM to  
ensure entry into the tournament. ACA rules of  
play will be enforced during the tournament.**

**Make check payable to: Smoking In The Foothills**

**Mail entry to: Moon In June  
309 Sheldon Street  
Hudson, NC 28638**

**Or drop it off by City Hall Attn: Kaylynn Horn**

## 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, 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: \_\_\_\_\_