

# Saturday, October 20, 2018 Cornhole Tournament Entry

Team Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_



## Prize Categories

1st Place : 50%

2nd Place : 25%

3rd Place : 15%

4th Place : 10%

## ONLY \$25 PER TEAM

Fees collect from team entries  
will be divided 50/50 with 50%  
going to provide the payouts.

**LIMITED SPACES  
SUBMIT TODAY!**

Drop Off or Mail  
Check & Form to:

Lenoir City Hall  
Attn: Kyle Case  
801 West Ave  
Lenoir NC 28645

Make checks payable to:  
Smoking in the Foothills

Tournament will begin Saturday, October 20 at 2:00 PM. Teams are encouraged to be there no later than 1:30 PM to ensure entry into the tournament.

### 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 associates 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 Cornhole Competition.



Team Captain Signature: \_\_\_\_\_ Date: \_\_\_\_\_