

Participant Application

Club Affiliation:

Name:

Street:	City:	State:_	Zip:
Phone:	Email:		
Vehicle Year: Make:		Model:	
T-shirt Size (select one)S _	MLXL>	XXLXXXL One Che	ck-in time is 7:30am to 10:00am
Pre-Register by April 19, 2025		otorcycle\$10	Fobacco - No Alcohol - No Pets
Register After April 19th	Car/Truck\$25 Mo	otorcycle\$15	railered vehicles, due to limited
Make Check Payable To: Camp W	esley	·	icipants expected to stay 'til close
Mail To: Camp Wesley - P.O. Box 1 Or, Register Online at www.camp		3082	rd presentation at 1:30pm
The undersigned does hereby: 1) Release Ca spective staffs, volunteers and agents from a ties and participant/vendors from any and al permission to use their likeness or entry in a other consideration. If any portion thereof is	ny and all liability arising out of I liability arising out of said ever photograph in any and all publi	said event. 2) Release all othe t. I have read and accept the cations, including website ent	r participating business facili- terms and conditions. 3) Grant ries, without payment or any
Signature:	Date:		