

Chicken Wing King Eating Contest Entry Form

Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

T-Shirt Size:
(Please Circle 1 Size)

Adult S M L XL XXL

Registration Fee: Adults: \$15 each

In consideration for my entry being accepted, I, intending to be legally bonded, do hereby, for myself, my heirs, and administrators, waive, release, and forever discharge any and all claims and rights, which I have or which may hereafter occur, to or against the 5K Chicken Wing King Contest Planning Committee and the Midwest Wingfest, Fairview Heights Chamber of Commerce, and all other donors and contributors of the contest and assigns for any and all damages which may be sustained by me in connection with my association with or entry in and arising out of my traveling to, participating in, and returning from the eating contest.

Participant Signature: _____ Date: _____

Registration Forms can send to:
Fairview Heights Chamber of Commerce
10003 Bunkum Road, Fairview Heights, IL 62208
Ph (618) 397-3127 Fax (618) 397-5563