

Chicken Wing Eating Contest **Entry Form**



Name: _____

Email Address: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Phone Number: _____

Registration Fee: Adults \$20 Each

Teen Fee (16 and under): \$15 Each

In consideration for my entry being accepted, I, intending to be legally bonded, do hereby, for myself, me heirs, and my administrators, waive, release, and forever discharge any and all claims and rights, which I have or which may hereafter occur, to or against the Chicken Wing Eating 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** _____

Parent name and signature (if participant is under 18)

Parent Signature _____ **Date** _____

PLEASE BRING FORM & CHECK PAYABLE TO MIDWEST WINGFEST LLC