



## **MASHED POTATO WRESTLING OFFICIAL REGISTRATION FORM**

**Pre-Registrations Accepted**

**Limited to first forty (40) Entries**

**Event scheduled for Friday, July 15, 2016 at 6:00 PM  
in the Food Court on Main Street.**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ AGE: \_\_\_\_\_

Do you have a wrestling partner chosen?                      YES / NO  
(CIRCLE ONE)

If yes, name of partner \_\_\_\_\_  
(Your partner must fill out registration form as well)

If no, we will provide partner.  
\_\_\_\_\_

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST BE PRESENT DAY OF COMPETITION AND PARENT/GUARDIAN SIGNATURE REQUIRED. Enter and participate at your own risk. The Town of Fort Fairfield, Maine Potato Blossom Festival, nor its' sponsors will be held responsible for any injuries incurred while participating in the Mashed Potato Wrestling Event.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_