



MASHED POTATO WRESTLING OFFICIAL REGISTRATION FORM

Pre-Registrations Accepted

Limited to first forty (40) Entries

**Event scheduled for Friday, July 14, 2017 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: _____