

2019 BOOSTER DAYS PIE-EATING CONTEST

OFFICIAL ENTRY FORM

PLEASE PRINT CLEARLY:

Contestant Name: _____

Address: _____

Phone: _____

Age: _____ Date of Birth: _____

Email: _____

Emergency Contact Information

Name: _____

Phone: _____

Do you have any known food allergies? YES / NO

If YES, please list: _____

Do you have any serious physical or mental condition, injury, limitation or illness that can or will be affected by your participation in this contest? YES / NO

All entry forms become property of the East Bethel Booster Days, Inc. and the Booster Days Committee.

Please send completed registration to: East Bethel City Hall, 2241 221st Ave NE, East Bethel, MN 55011
Fax: 763-434-9578 or email to carrie.frost@ci.east-bethel.mn.us

**ALL CONTESTANTS MUST ALSO READ AND SUBMIT A SIGNED
2019 BOOSTER DAYS PIE-EATING CONTEST WAIVER FORM TO COMPLETE REGISTRATION.**