

2009 Victorian Holiday Weekend Bed Race Registration Form

Event Sponsored by

Stoughton Floral

Main Street Pour House

TEAM NAME _____

CAPTAIN NAME _____

Mailing Address _____ ZIP _____

Phone # _____ email _____

Registration Fee: \$25 per team (Make Checks payable to Stoughton Chamber of Commerce – Victorian Holidays).

Mail \$25 registration fee and this Bed Race Registration form with member signatures to:

Stoughton Chamber of Commerce
ATTN: Bed Race Committee
532 East Main Street, Stoughton, WI 53589; Ph:.608.873.7912

WAIVER OF LIABILITY

We hereby release the sponsor, the Stoughton Chamber of Commerce, the City of Stoughton, the race organizers and any other person officially connected with this competition, from all liability for any injury or damages whatsoever arising from my participation in the event.

This must be signed by all team members in this event.

Captain _____ Date _____

Member _____ Date _____

Member _____ Date _____

Member _____ Date _____

Member _____ Date _____

*All Entries must be received at the Stoughton Chamber of Commerce
office by Friday 12-4-2009*