

2011 Victorian Holiday Weekend Bed Race Registration Form

Event Sponsored by
Stoughton Plaza

Team Name _____
Captain Name _____
Mailing Address _____
(Street, City, State, Zip)
Phone # _____ Email _____

Registration Fee \$25 per team (Make Checks payable to Stoughton Chamber of Commerce-Victorian Holiday). All completed entries must be received by 11 am on the day of the bed race.

Mail registration fee with this form to:
Stoughton Chamber of Commerce
Attention: Bed Race Committee
532 E. Main Stret
Stoughton, WI 53589
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 the event.

Captain _____ date _____

Member _____ date _____

Member _____ date _____

Member _____ date _____

Member _____ date _____