

# Kingsburg Swedish Festival Bed Race Entry Form

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

SPONSOR (If Applicable) \_\_\_\_\_

CAPTAIN / CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TEAM MEMBERS:

RIDER \_\_\_\_\_ Age \_\_\_\_\_

RUNNERS / PUSHERS \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\*\*Team members between 14 & 17 years of age must have written permission and waiver from parent or guardian

Please make checks payable to the **Kingsburg Centennial Committee** and Return completed entry form no later than 5 p.m., Friday May 8, 2009 to:

**Swedish Festival Bed Race  
Kingsburg Chamber of Commerce  
1475 Draper Street  
Kingsburg, CA 93631**