

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 5:00pm Friday May 9, 2008 to:

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