



BURGER EATING CONTEST APPLICATIONS

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AGE: _____

Town of Hamburg Waiver Release

PLEASE FILL IN:

I, _____ PARTICIPANT/ (if under 18) parent / guardian

of _____ will not hold the Village and/or Town of Hamburg, or anyone else associated with Burgerfest and/or the Burger eating contest responsible to any injury that may occur through my participation and/or observation in such activities.

Signature: _____

Date: _____

Please Print Full Name: _____

Witnessed by _____

On this date: July 17, 2010

ENTRY FEE: \$5.00 17 AND UNDER _____

\$10.00 18 AND OVER _____

PROCEEDS TO BENEFIT THE WESTERN NEW YORK FOOD BANK