

**21st ANNUAL
FREE STATE OF YELL FEST
HORSESHOE TOURNAMENT
Saturday, May 8, 2010**

NAME: _____
ADDRESS: _____
CITY/STATE: _____ **ZIP:** _____
PHONE: _____

MALE: _____ **FEMALE:** _____
SINGLE: _____ **DOUBLES:** _____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

The tournament officials may exercise the right to postpone, cancel, or change the game due to conditions or factors beyond the control of the tournament that would affect the health or safety of the participants. **NO REFUNDS** will be made.

I hereby waive and release any and all rights and claims for damages I may have against the sponsors and officials of the tournament for any and all injuries and illnesses suffered by me in the said event. I attest and verify that I have sufficiently trained for this event and to the best of my knowledge have no medical conditions that would cause this game to become a life-threatening event.

Trophies will be awarded to the 1st, 2nd, & 3rd places.

\$5 entry fee for singles
\$10 entry fee for doubles

Printed name

Printed name

SIGNATURE

SIGNATURE

PLEASE RETURN FORM TO: Dardanelle Chamber of Commerce
Post Office Box 208
Dardanelle, Arkansas 72834