MONROE COUNTY AGRICULTURAL SOCIETY

P.O. BOX 908 – Tomah, WI 54660 Phone: 608-372-2081 Fax: 608-372-1052

Email: mail@tomahtractorpull.com

www.tomahtractorpull.com www.monroecountyfairwi.com



HUMAN FOOSBALL ENTRY FORM

Six member team: By signir	ng this we have read the attached rules and agree to abide by sa	id rules or be disqualified as
contestant. (Please print nea		
Team Contact Name:Phone:		
Team Name:		
Sponsor/Business:		
Members:		
1		
2		
3		
4		
5		
6		
Release of Liability		
	ty Fair, its Committee, personnel, Tomah Fire Dept. and volunteers wil	l not be held responsible in case
=	MEMBER WHO IS UNDER 18 MUST HAVE PARENT'S SIGNATUR	· · · · · · · · · · · · · · · · · · ·
or arraceracine or injury. 71107	MEMBER WITO IS STORM TO MISSI THINK I THINK I STORM TON	
Members' Name	Parents' Name	— ————————————————————————————————————
	Parents' Signature and Phone Number if under 18	Date
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	Parents' Signature and Phone Number if under 18	
		
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