## POWASSAN MAPLE SYRUP FESTIVAL AMATEUR LUMBERJACK COMPETITION

## **Official Team Entry Form**

NOTE: In addition to this entry form all participants must sign a Waiver form (to be provided) prior to participating. **Required PPE: steel toed footwear** 

WHERE: Powassan Maple Syrup Festival – across from the Sportsplex, 433 Main St.

WHEN: Saturday April 27, 2024, from approx. 12:00pm - 2:30pm

**ENTRANCE FEE:** \$150/team

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Please send this completed	Entry Form to: kbe	ester@powassna.net	or drop off with	payment at the Municipal office.

ayn	nent Methods - Cheques payable to: Mun	icipality of P	owa	issan /Pay in person: Municipal Office –	
50 (	Clark St., Powassan / E transfer to: etrans	fer@powas	san.	net (please indicate your name on	
ans	sfer)				
	<u>by</u> : <mark>Friday, March 29<sup>th</sup>, 2024 – 12:00 noon</mark>				
leas	se send this completed Entry Form to: <u>kbe</u>	ster@powas	sna	<u>net</u> or drop off with payment at the Municipal office	<b>?.</b>
Tea	m Name (be original):				
NO	<b>TES:</b> Team must consist of <b>no less than 4</b> a	and no more	tha	<b>n 6 active members.</b> We encourage all Team membe	ers to
brir	ng a <b>valid health card</b> in the event of an er	mergency.			
#	Names of Team Members	Shirt	#	# Names of Team Members	Shirt
#	Names of Team Members	size	#	# Names of Team Wembers	Size
1			4		
2			5		
3			6		
Tea	m Captain: Name (please print):				
Tele	ephone:E	mail·			
ıcı	EnoneE				
Add	dress:				
Has	ing road the rules and regulations. I (we b	oroby ograo	+	hide but be some and accept the decisions of the jud	~~~
				bide by the same and accept the decisions of the jud	_
	_			less the Municipality of Powassan and Great Canadi	
	•		•	and loss that I/we sustain during my/our performand	.e, and
ı, w	e accept full responsibility for all such dan	iage, ilijury a	anu	loss arising from my/our performance.	
Μv	team understands the event rules and tha	at any unspo	rtsm	nanlike act or conduct will result in immediate	
				l, no alcohol onsite. There will be no exceptions for e	ither
		· ·		een clearly explained to my team. Our team will con	
	•			mpering will result in disqualification at the discretio	•
	judge, timer or event official, without qu	•		mp =o	•.
,	jange, mile or orone or mile, miles qu				

Team Captain on behalf of Team:	Date:				
Signature is required of Parent/Guardian of any competitor under 18. No competitors under the age of 16.					
Name of competitor:	Age of competitor:				
Name & signature of parent/guardian:					