## Cornhole Tournament Team Entry Form

I wish to enter THE KNIGHTS OF COLUMBUS CORNHOLE TOURNAMENT. My eligibility is to be determined by my age as of July 1.

**Note:** This same form must be used for the Council and Jurisdiction Competition — please be sure it is passed on accordingly.

Player #1 Name	Date of Birth
Street Address	
City	State/Province Postal Code
Parent/Guardian Phone (Circle one: Home/ Cell)	Email
Player #2 Name	Date of Birth
Street Address	
City	State/Province Postal Code
Parent/Guardian Phone (Circle one: Home/ Cell)	Email
Alternate Player Name	Date of Birth
Street Address	
City	State/Province Postal Code
Parent/Guardian Phone (Circle one: Home/ Cell)	Email
This Section To Be Completed By Parent/Guard	lian: Council No
y signing below, the undersigned requests and approves of the entra ORNHOLE TOURNAMENT ("The Contest"). In consideration for the entract the entrant's participation will be the at the sole risk of the entrant arnights of Columbus Supreme Council, its subordinate units, officers, agents auses of action arising from or relating to the entrant's participation in the nights of Columbus Supreme Council or any of its subordinate units to tak arent or guardian must sign this form before entrant competes.	strant's participation in the Contest, the undersigned (1) acknowledge and the undersigned and (2) agrees to release, indemnify and hold the members and employees harmless from any and all demands, claims of Contest. The undersigned also agree to allow representatives from the
Player #1/Parent/Guardian Signature	Date signed
Player #2/Parent/Guardian Signature	Date signed
Alternate/Parent/Guardian Signature	Date signed

(Councils should retain a copy of this completed form for their files)

