NORTH CAROLINA OYSTER FESTIVAL EATING ENTRY FORM \$5.00

CONTESTANT'S NAME		
MAILING ADDRESS		
CITYS	STATEZIP	
PHONE NUMBER		
EMAIL		
PLEASE SIGN AS INDICATED:		
I HAVE RECEIVED AND READ IN FULL THE RUL CONTEST, AND AFFIRM THAT I UNDERSTAND T		
CONTESTANT	DATE	
CONTESTANT MUST ALSO	O SIGN THE FOLLOWING WAIVER:	
In consideration of the opportunity afforded me to p Championship, operated under the auspices of the knowingly and freely and voluntarily waive any right result of such activity, from which any liability may of	e Brunswick County Chamber of Commer at or cause of action, of any kind whatsoe	ce, I hereby
CONTESTANT	DATE	
IN THE PRESENCE OF		
WITNESS		
Paid		