

CISCO TX PIE EATING CONTEST

ENTRY FORM

First Name: _____ **Last Name:** _____

Address: _____

Phone: _____ **Email:** _____

Date of Birth: _____ **Age:** _____

Emergency Contact Name and Phone #: _____

Do you have any serious medical conditions or injury that may be affected by this contest?

Please circle:

Yes/No

If yes, please explain: _____

Do you have any allergies?

Please circle:

Yes/No

If yes, please explain: _____

Contestant has read all of the above rules and agrees to follow them. Contestant also hereby swears that to the best of their knowledge, they are physically and mentally fit to compete in this contest.

Signature of Contestant or Parent/Guardian

Date: _____

Entry Fee of \$10 may be paid the day of the contest at Pie Central Station