

FARM BUREAU BED RACES

CHINGAWASSA DAYS 2016

Saturday, June 4th 9:00 a.m.
Main St., Marion

- Teams may provide their own beds (see specifications and requirements in the “Rules” available at www.chingawassadays.com)
- Beds will be available
- Team members are encouraged to wear costumes.
- Teams will be made up of 4 pushers and 1 driver. Anyone under 18 must have parental permission (signed waiver slip). No pets please.
- Prizes awarded per team based on race results. There is also a prize available for the best dressed team.

1 st Place	\$100
2 nd Place	\$50
3 rd Place	\$25
Best Costumes	\$100

- Businesses are encouraged to sponsor Bed Race Teams.
- Registration must be received by Monday May 16th to receive a free shirt.
- Questions? Please contact Farm Bureau Financial Services at 620-382-3350.

Mail or deliver entry to:
Farm Bureau Financial Services
1122 East Main St
Marion, KS 66861
Emma.tajchman@fbfs.com



FARM BUREAU
FINANCIAL SERVICES

CHINGAWASSA DAYS 2016 BED RACE ENTRY FORM

Captain/Contact Person: _____

Cell Phone: _____ Text? Y/ N

Address: _____

Sponsor's Name (if applicable): _____

Team Members (Print names please): _____

Please indicate number and sizes of t-shirts for your team members:

XS _____ S _____ M _____ L _____ XL _____ XXL _____

Please mail or return this entry form to:

Farm Bureau Financial Services

1122 East Main St

Marion, KS 66861

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To participate, ALL team members must sign the statement below. If under 18 year of age, a parent/guardian signature is required—

Waiver and Parental Permission Form

We the undersigned, entrants and/or parents guardians of entrants under 18, hereby release, relinquish and hold harmless; the Chingawassa Committee, the City of Marion, and sponsor from any liability for any damages incurred by said entrants in the above referenced event.

Team Captain _____ Date _____

Parent/Guardian _____

Participant #2 _____ Date _____

Parent/Guardian _____

Participant #3 _____ Date _____

Parent/Guardian _____

Participant #4 _____ Date _____

Parent/Guardian _____

Participant #5 _____ Date _____

Parent/Guardian _____

