

Year: 20_____

Branch Match Entry Form

Lot #: _____

Please complete and return to branch secretary at the time of registration. Entry fee for the Chatham-Kent Plowing Match is **\$15.00** and includes a meal ticket for the awards banquet.

Class: _____

Name: _____ E-mail: _____

Street Address: _____ City: _____ Postal Code: _____

Phone: _____ Date of Birth: _____ Age: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

I hereby certify that I have \$2 million liability insurance coverage extended to cover my participation at this Brach Match. **Initial:** _____

I agree to allow the Chatham-Kent Plowmen's Association to provide future match and registration details by e-mail. **Yes** _____ **No** _____

Signature of Participant: _____ Date: ____/____/____ (D/M/Y)

Signature of Witness: _____ Date: ____/____/____ (D/M/Y)

Print Name of Witness: _____

If participant is **under the age of 18:**

Signature of Parent/Guardian: _____ Date: ____/____/____ (D/M/Y)

Print Name of Parent/Guardian: _____