

Kentucky BOURBON FESTIVAL[®]

Cornhole Classic

Please Print

Team Name: _____

Distillery: _____

Player #1 First Name: _____ Last Name: _____

Shirt Size: S M L XL XXL

Player #2 First Name: _____ Last Name: _____

Shirt Size: S M L XL XXL

Player #1 Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

e-mail: _____

This is an American Cornhole Association Sanctioned Tournament. ACAID# _____
ACAID# _____

- ★ Location: The Kentucky Bourbon Festival[®], Bardstown, Kentucky
(behind City Hall near the Bardstown City Pool)
- ★ Date: September 19-20, 2009
- ★ Tournament Starting time: Open Bracket: Saturday - 10:00 am
Distillery Bracket: Sunday - 12:00 pm
- ★ Entry Fee: \$50 per team (2 players/team- Male, Female, & Coed Teams allowed entry)
Must be 21 years of age or older - Entry fee due with Registration Form
- ★ Make checks payable to: The Kentucky Bourbon Festival
- ★ Mail to: The Kentucky Bourbon Festival, One Court Square, Bardstown, KY 40004

Awards:	OPEN BRACKET	DISTILLER'S BRACKET
1st place Winners Bracket	\$300 + Maker's Mark Basket	\$200 cash prize
2nd place Winners Bracket	\$150 + Maker's Mark Basket	\$100 cash prize
1st Place Consolation Bracket	\$75 + Maker's Mark Basket	\$50 cash prize

STATEMENT OF WAIVER must be signed and dated below.

1. Recognizing the possibility of physical injury associated with The Kentucky Bourbon Festival[®] Cornhole Classic and engaging in the activity and program, and in consideration of The Kentucky Bourbon Festival[®] accepting registrant for its programs and activities, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies The Kentucky Bourbon Festival[®], its employees and agents, including the owners of the facilities utilized by The Kentucky Bourbon Festival[®], against any claim for injuries received by the registrant as a result of participation in the program and activity or use of The Kentucky Bourbon Festival[®] facilities or during transport to or from same, which transportation is hereby authorized.

2. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry. This care may given under whatever circumstances are necessary to preserve life, limb, or well-being of the registrant.

Player #1 Signature (required): _____ Date: _____

Player #2 Signature (required): _____ Date: _____

Emergency Contact: _____ Phone: _____