FREE THROW CHAMPIONSHIP

ENTRY FORM

I wish to enter THE KNIGHTS OF COLUMBUS FREE THROW CHAMPIONSHIP in the category and age group checked below. My eligibility is to be determined by my age as of January 1. I also understand that I may only compete in one council level competition.

Secondary school athletes shoul Birth Certi	d check with the school at ficate or other proof of age			-	efore parti	cipating.	
Boys Girls	AGE	.: 9	10	11	12	13	14
Name of Entrant			Date of	Birth			
Street Address							
City	State/Province			Postal Co	de		
Telephone (Circle one: Home Cell) Email		Signature of l	Entrant				
This Section To Be Completed I	By Parent/Guardian			Cou	ncil No		
By signing below, the undersigned requests and appropriate CHAMPIONSHIP ("The Contest"). In consideration to be at the sole risk of the entrant and the undersigned and agents, members and employees harmless from any another undersigned also agree to allow representatives from of the entrant during the Contest. The entrant may contest.	for the entrant's participation in the (2) agrees to release, indemnify and all demands, claims or causes of the Knights of Columbus Suprem	he Contest, the und hold the Knigh of action arising e Council or any	ndersigned (nts of Colun from or rela of its subord	(1) acknowk abus Supremating to the linate units t	edges that the e Council, it entrant's pa o take and pu	e entrant's pa is subordinate articipation in ablish photog	rticipation will cunits, officers, n the Contest. raphs or videos
Parent/Guard	lian		Date signed	l		···	

