



TEAM REGISTRATION FORM

We, the undersigned persons of full age (18 or over) and majority as participants in the **Tailgates & Touchdowns**, do hereby agree to hold **Basket of Hope**, its board members, and agents free and harmless from any and all liability including, but not limited to, all claims, losses, actions, and judgments for damages or injury to persons of property which could or might arise as a result of or in connection with the **Basket of Hope** [501(c)(3)] to be held at The Madisonville Community Center & Riverfront, September 16, 2023 including acts, condn. provided to us. Additionally, we understand that there will be no refunds of team entry fees and if cancelled due to a weather, the event will not be rescheduled.

Please Print Legibly as this information will be used for various purposes including the FAN Favorite voting. Team agrees to provide Sample Servings for 175 people.

TEAM CAPTAIN PRINTED NAME

SIGNED: TEAM CAPTAIN

DETAILED DESCRIPTION OF TAILGATE DISH

CONTACT NAME

TEAM NAME

TEAM MEMBER #1

TEAM MEMBER #2

TEAM MEMBER #3

TEAM MEMBER #4

PHONE

EMAIL

ADDRESS

Please return this form via email to aollendike@basketofhope.org
or mail to **Basket of Hope, P.O. Box 261, Madisonville, LA 70447**