WISCONSIN APPLE PIE CHAMPIONSHIP

DEERFIELD APPLE FESTIVAL

Entrant Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Website: _____ E-Mail: _____

Each entry must be accompanied by two (2) of the same pie. One pie will be used for judging, while the other will be sold to the public, or auctioned off with all proceeds going to the Deerfield Food Pantry (the top 5 pies will be auctioned).

Please describe the pie(s) you will be entering (Maximum of 2 types of pies per entrant) Each entry must include 2 pies.

_____

_____

List of all ingredients: The main ingredient of the filling must be APPLE.

_____

_____

_____

_____

_____

_____

I EXPRESSLY AGREE TO RELEASE AND DISCHARGE BITTERSWEET BLESSINGS FARM, DEERFIELD APPLE FESTIVAL, DEERFIELD MARKET EXPO, Wisconsin Apple Pie Championship, AND JEFFERY S. MOERKE AND ELIZABETH A. TEBON-MOERKE AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST BITTERSWEET BLESSINGS FARM, DEERFIELD APPLE FESTIVAL, DEERFIELD MARKET EXPO, Wisconsin Apple Pie Championship, AND JEFFERY S. MOERKE AND ELIZABETH A. TEBON-MOERKE FOR PERSONAL INJURY OR PROPERTY DAMAGE.

SIGNATURE _____ DATE _____

Please mail completed application: **BITTERSWEET BLESSINGS FARM**

4509 State Road 73
Deerfield, WI 53531

*** You may also bring you registration to the Deerfield Apple Festival

WWW.BITTERSWEETBLESSINGSFARM.COM

ENTRY NUMBER: _____