2025 Fall Fest Dream Park

Cornhole Entry Form

Sat Oct 11th and Sun Oct 12th 9am-3pm each day Dream Park Logan Twp, NJ

PLEASE PRINT CLEARLY

Full Name:	(responsible for	(responsible for communicating with players)		
Address	City		State:	Zip:
Email:		Phone:		
How did you hear about Fall Fest?				
Please specify this is helpful information:				

Release:

I hereby release and discharge Christiana Foundation Inc. DBA Fall Fest Dream Park and Dream Park officers, employees, volunteers, and all sponsoring organizations and their directors from any responsibility, personal liability, claims, loss or damage arising out of, or in conjunction with my participation in the 2025 Fall Fest Dream Park. Neither Fall Fest Dream Park. or Dream Park will be responsible for any illness or injury sustained by exhibitors or guests while within space designated to exhibitor. This is an all-weather event. Although this show is in a secure building, I understand my belongings will be stored at my own risk. The festival committee reserves the right to deny entry that does not conform to the standards of the event. I agree to allow the Fall Fest Dream Park. the use of my images for the purpose of promoting this event.

There will be NO refunds, if you must opt out you will be given credit for the following year

I acknowledge that I have read this entire entry form and agree to the terms within.

Signature	Date
8	

\$20 per team. Players names, ages & skill level (special needs, beginner, advanced)

1.	Name	_Age	_Skill Level
	Name	_Age	_Skill Level
2.	Name	_Age	_Skill Level
	Name	_Age	_Skill Level
3.	Name	_Age	_Skill Level
	Name	_Age	_Skill Level
4.	Name	_Age	_Skill Level

_____I prefer to pay by credit card please email a QuickBooks payment link. (additional 3%)

To avoid 3% fees mail checks & forms to: Fall Fest PO Box 845 Swedesboro, NJ 08085

Event Organizer: Sean Gardner cell 856-889-2472 email: <u>fallfestdreampark@gmail.com</u>