



1st Annual Stinger

2017 ASHTON CELEBRATION BAGS TOURNAMENT

TEAM ENTRY FORM

DATE: Saturday June 10th, 2017 **TIME:** Sign in at 6pm/Bags Fly at 7PM **LOCATION:** Main street in front of the Bank

Team Entry Fee and Information: \$30.00 per team. All entries will be processed in order of receipt and are subject to availability. Tournament will follow ACO rules. Double elimination tournament, winner's bracket is best 2 of 3 & the losers bracket is single game elimination. Cash payout for 1st place is **200.00**, 2nd place is **\$100.00** and 3rd place is **\$40.00**. Bags fly rain or shine. Guaranteed prize money as listed, may increase depending on how many teams register.

Payment: Cash, Check (made payable to Village of Ashton.)

How To Register: \$30.00 per team if you register by mail send your registration form and check to Village of Ashton PO BOX 186 Ashton, IL 61006 or drop off entry forms at the Village Office 810 Main St Ashton IL 61006. Registration will be from 6:00 to 6:45 on June 10th if you have not already submitted your entry form. Entry forms can be found at www.ashtonusa.com or email clerk@ashtonusa.com to have one emailed to you.

Waiver: In consideration of sponsors accepting this entry form, I, on behalf of myself and any and all of those who may have right to seek recourse on my behalf, hereby waive, release and forever discharge all sponsors, its representatives, agents, co-sponsors, participants, officials, and all others connected with Ashton Summer Fest, from any and all rights and claims that may accrue for any injuries or damages incurred by me in connection with my association with, during, or after the Ashton Summer Celebration Bags Tournament. I fully understand that it is my obligation to determine, prior to the Ashton Summer Celebration Bags Tournament, that I possess the proper physical and mental capabilities to participate. My signature, below, indicates my review and agreement to all terms.

Team Name: _____

Player #1 Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature _____ Date _____

Player #2 Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature _____ Date _____