ENTRY FORM & WAIVER
LULU STREET RACERS SOAP BOX DERBY

DRIVER

(Please Print First Name Middle Initial Last Name

AGE _____ DATE OF BIRTH_____/_____/_____
Date / Month / Year

CATEGORY: 1. NATIONAL RACER 2. LULU STREET RACER
(CIRCLE ONE OF THE ABOVE)

PARENT

(Please Print First Name Middle Initial Last Name

ADDRESS

(Street) (City) (State) (Zip)

PHONE # (_____) - _____ E-MAIL

ENTRY FEE : $10 PER DRIVER, MAXIMUM $20 PER FAMILY

SOAP BOX DERBY STATEMENT OF WAIVER

I, _____, in allowing my child to participate in the Lulu street Racers Soap Box Derby Race in Leesville, do hereby waiver and release any and all claims against the State of Louisiana, Vernon Parish Police Jury and/or their representative(s) City of Leesville, and the Sponsors of the Lulu Street Racers for any injury to the undersigned competitor during the conduct of this event or any activity in conjunction with the conduct of this event.

(PRINTED Name of Competitor)

_____ _____
Signature of Competitor Date

_____
(PRINTED Name of Parent/Guardian)

_____
Signature of Parent/Guardian Date