

**Strasburg Home Town Days
August 14,2010
Hometown Summer Fun**

Official Entry Form

Date: _____ / _____ / _____ Division(s): _____

Print Name _____ Male _____ Female _____

Mailing Address _____

City _____ State _____ Zip _____

Age _____ Birth Date ____ / ____ / ____ Email _____

Parents Name (if minor) _____

Phone Numbers: (Home)(____) _____ - _____ (Alternate)(____) _____ - _____

Did you attend our contest last year? ___ Yes ___ No Are you a member of COTFA? ___ Yes ___ No
If NO: Are you interested in supporting fiddling in Colorado by joining COTFA? ___ Yes ___ No

Signature verifies you have read and agree to all rules - if minor Parent must sign

SEND ENTRIES TO:
David Van Sant
825 Cherokee St
Strasburg 80136
Dave.van.sant@tds.net

Additional names of entrants from same family and divisions entered.

Name _____

_Age _____

Division _____

Name _____

_Age _____

Division _____

Name _____

_Age _____

Division _____

Name _____

_Age _____

Division _____

Total Due -

\$ _____

Occupation/Hobbies

Recent Contests Won

If **Novice** –

How long have you played? _____

Official use only:
Contestant/Badge ID
Division Number

Total Entry Fees

Balance Due/(Overpaid)