

MONMOUTH FAIR WOODSMAN'S DAY ENTRY FORM

NAME (please print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____

E-MAIL ADDRESS _____

BIRTH DATE (must be 18 years or older to enter) _____

EVENTS TO ENTER (Check appropriate boxes)

LOG ROLL Partner's Name: _____

WOOD CHOP MEN OR WOOD CHOP WOMEN

BUCK SAWING MEN OR BUCK SAW WOMEN

TWO PERSON CROSS CUT Partner's Name: _____

JACK AND JILL CROSS CUT Partner's Name: _____

AXE THROW MEN OR AXE THROW WOMEN

STOCK APPEARING CHAIN SAWS

SUPER SAW CLASS

TEA BOILING CONTEST

I hereby relieve Monmouth Fair from any liability for injury to myself or equipment while participating in the above events.

Signature: _____