

# 2022 Stiftungsfest Game of Throws

Ages 12-17 \* 8 Teams

## Entry Form

DATE: Saturday, August 27<sup>th</sup> - TIME: Bags Fly at 1:00 p.m.  
Pre-Registration REQUIRED - Registration DEADLINE Aug 26

**Team Entry Fee & Tournament Information:** \$20.00 per 2-person team. All entries will be processed in order of receipt and are subject to availability. A consolation tournament, guaranteed 2 games. Complete tournament rules are posted at [stiftungsfest.org/bean-bag-tournament](http://stiftungsfest.org/bean-bag-tournament). Cash payout for 1st place is \$40, 2nd place is \$25, 3<sup>rd</sup> place is \$15. Bags fly rain or shine.

**Payment:** Check (made out to Stiftungsfest)

**How to Register:** Submit your complete and signed form, along with your registration fee to Stiftungsfest, Attention: Bag Tourney, 15035 118<sup>th</sup> St., NYA, MN 55397-0955.

**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 Stiftungsfest 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 Stiftungsfest Bag Tournament. I fully understand that it is my obligation to determine, prior to the Stiftungsfest Bag Tournament, that I possess the proper physical and mental capabilities to participate. My signature, below, indicates my review and agreement to all terms. Please Note: This waiver includes any Stiftungsfest photos that may be taken during tournament play.

Youth Team Name:

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Player #1 Information (Please PRINT All but Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Player #2 Information (Please PRINT All but Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_