

Jake Harding Memorial Paint Out

REGISTRATION FORM

NAME, FIRST & LAST: _____

ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT PHONE #: _____

REGISTRATION AGREEMENT: By signing this form I agree that I have been provided and read the “Jake Harding Memorial Paint Out Rules”. By registering for this event, I agree to abide by and follow those rules, as well as any terms and conditions set forth herein.

SIGNED: _____

DATED: _____