



BABINDA HARVEST FESTIVAL GAMES

NOMINATION FORM

ALL COMPETITORS COMPETE AT THEIR OWN RISK

Nominations Close 30th September 2019

Team Name: _____

Contact Person: _____

Contact Number: _____

I hereby nominate for the following event. I agree to compete at my own risk and to indemnify and keep indemnified Babinda Harvest Festival Inc. against all claims, suits, actions, demands, damages, costs and expenses which may be brought against it in respect to injuries, loss or damages sustained by me in the course of my competing in any events. I recognise that I am bound by the above indemnity.

Competitors Name	Competitors Signature
1.	
2.	
3.	
4.	
5.	

PAYMENT - DIRECT DEPOSIT:

Please include Team Name as a Reference
Babinda Harvest Festival
BSB: 633 000
Account Number: 152 068 797

COMPLETED FORMS:

To be returned to Babinda
Taskforce or email to
chevellekingwill@gmail.com

LET THE GAMES BEGIN

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For More Information Contact
Chevelle
chevellekingwill@gmail.com

