

# “O’ Planky” Team Relay Registration Form

## ST. PATRICK’ S DAY CELEBRATION

March 14, 2020

**Meet at the Shamrock around 11:45 a.m.**

(IMMEDIATELY FOLLOWING THE BED RACES)

### Shamrock to Shamrock

- ❖ Please supply the name of the team captain and a cell phone number for use the day of the event.
- ❖ Please contact the Chamber office at 541- 676-5536; drop off completed form or email to [heppnerchamber@centurytel.net](mailto:heppnerchamber@centurytel.net); fax to 541-676-5656.
- ❖ Teams consist of 4 participants
- ❖ Teams will start at the Shamrock and race to the white line by the Heppner Market Fresh Driveway, turnaround and return back to the shamrock to complete the race.
- ❖ All teams must report to the shamrock by 11:30 a.m. to get assigned relay schedule.
- ❖ The team must end up with the same number of team members that they started with.
- ❖ It is strongly suggested that the participants where a helmet, knee pads, shoulder pads or any other protective gear.
- ❖ It is permissible for all players to step off of the “plank” to turn around and return to the Shamrock.
- ❖ Winners will be announced during the parade at 1:00PM and will have their team name on the Trophy.

**Please turn in registration form to the Chamber Office**

**PREFERABLY NO LATER THAN FRIDAY MARCH 9, 2020**

**CAN REGISTER DAY OF – PICK UP FORM AT INFORMATION BOOTH**

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		<b>Team Name:</b>					
		<b>Team Members:</b>					
1							
2							
3							
4							
		<b><u>Team Captain and contact number:</u></b>					

**O'Planky Team Relay Race**  
**St. Patrick's Celebration – Saturday, March 14<sup>th</sup>**  
**Waiver Release Form**

As with any active sport, I acknowledge that participating in the **O'Planky Team Relay Race** has potential hazards. I accept full responsibility for any damage or harm to myself, while participating in this event. I release and discharge any claim for damage against any and all sponsors and individuals assisting with this event. I acknowledge and assume all risks associated with participation for myself.

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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