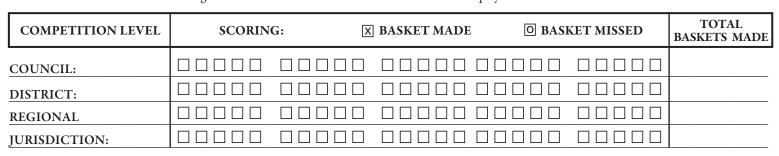
FREE THROW CHAMPIONSHIP

ENTRY FORM

I wish to enter THE KNIGHTS OF COLUMBUS FREE THROW CHAMPIONSHIP in the category and age group checked below. My eligibility is to be determined by my age as of January 1. I also understand that I may only compete in one council level competition.

Secondary school athletes should chec Birth Certificate Boys Girls	ck with the school athle or other proof of age is AGE:		,	•	efore part		14
Name of Entrant			Date of Birth				
Street Address	City		State/Province			Postal Code	
Parent/Guardian Telephone (Circle one: Home Cell)	Email	Signature of Entrant					
This Section To Be Completed By Pa By signing below, the undersigned requests and approves of CHAMPIONSHIP ("The Contest"). In consideration for the e be at the sole risk of the entrant and the undersigned and (2) agragents, members and employees harmless from any and all de The undersigned also agree to allow representatives from the Kni of the entrant during the Contest. The entrant may compete in	the entrant's registration a entrant's participation in the C ees to release, indemnify and h mands, claims or causes of a ghts of Columbus Supreme C	Contest, the u old the Knigh ction arising ouncil or any	ndersigned (nts of Colum from or rela of its subordi	KNIGHTS 1) acknowled bus Suprementing to the nate units to	edges that the e Council, i entrant's p o take and p	UMBUS FR e entrant's pa ts subordinate articipation i ublish photog	rticipation will e units, officers, n the Contest. graphs or videos
Parent/Guardian	Parent/Guardian		Date signed				
		ree	r				
This Section To Be Completed Knigh	CORE SH						





Email a copy of this document to: fraternalmission@kofc.org

(Councils should also retain a copy of this completed form for their files)

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