

Illinois State Cornhusking Registration Form--October 6, 2024

Name _____ Age _____ Left or Right-Handed Picker _____

Address _____ City _____ Zip Code _____

Telephone _____ E-mail _____

Dues Paid: _____ \$3.00 for members under 21 years of age--\$15.00 for members ages 21 & older--\$20 Out of State Pickers

Please choose ONE class:

- | | |
|---|---|
| <input type="checkbox"/> Girls Youth-10 through 14 | <input type="checkbox"/> Boys Youth 10 through 14 |
| <input type="checkbox"/> Girls Youth 15 through 20 | <input type="checkbox"/> Boys Youth 15 through 20 |
| <input type="checkbox"/> Women 21 through 49 | <input type="checkbox"/> Men 21 through 49 |
| <input type="checkbox"/> Women 50+ | <input type="checkbox"/> Men 50+ |
| <input type="checkbox"/> Senior Women 75+ | <input type="checkbox"/> Senior Men 75+ |
| <input type="checkbox"/> Women's Open-all ages | <input type="checkbox"/> Men's Open-all ages |
| <input type="checkbox"/> Novice (\$1 non-member fee.) | <input type="checkbox"/> Membership only, I am not competing this year. |

PEE WEE and Little Shuckers Classes (unable to compete at Nationals, Free!)

- | | | |
|--|---|---|
| <input type="checkbox"/> Little Shuckers-Ages 1-5 | <input type="checkbox"/> Pee Wee Girls- Elementary | <input type="checkbox"/> Pee Wee Boys- Elementary |
| <input type="checkbox"/> Pee Wee Girls- Preteen / Teen | <input type="checkbox"/> Pee Wee Boys -Preteen / Teen | |

Contest Waiver for Participation as a Contestant

In consideration of being allowed to participate in the Illinois State Corn Husking contest, I waive and release any and all rights and claims for damages of any kind that I may have against all entrants; all volunteers; the Illinois State Corn Husking Association and its officers, employees, agents, directors or representatives; the farm owner and/or operator; contest officials and any other person or entity associated with the contest. This document is binding upon my heirs, executors, administrators, successors and assigns. I understand and agree that if I am injured or my property is injured that I will make no claim against the sponsors, or any other person or entity associated with the contest and that I cannot change my mind at a later date. I voluntarily assume the risk of participating in this event. By recommended by the Illinois State Corn Husking Association, I (or my son/daughter) will use protective-eyewear.

Date _____ Contestant's Signature _____

Guardian's Signature (if contestant is under 18 years of age) _____

Please pre-register by mail or email before the contest. You may scratch at any time if you are unable to participate.

Make checks payable to the Illinois Corn Husking Association and mail/email this entry form to:

April Suter, 3588 E. Tater Holler Road, Avon, IL 61415

Any Questions? Call April at 309-224-3171 **OR** e mail April acsuter@yahoo.com