



餃子競食大賽 Dumpling Eating Contest

APPLICATION FORM 申請表

姓名
Name _____

地址
Address _____

手提電話
Cell phone _____

電子郵件
e-mail _____

性別 _____ 生日 _____ / _____ / _____
Sex _____ Date of birth _____ / _____ / _____
月MM 日DD 年YY

職業
Occupation _____

**All registrants must read and sign
this waiver before entering:**

I know that eating large amounts of dumplings is a potentially hazardous and uncomfortable activity. I should not enter and eat unless I am medically capable and properly trained. I realize that this is all in good fun, and possibly bad taste, but I agree to be a good sport. I agree to abide by any decision of the contest officials and any and all of the contest rules. I assume all risks associated with eating in this type of event including, but not limited to, indigestion, stuffed feeling, contact with other contestants, a general dislike for dumplings after I am done, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Moon Festival Chicago, the contest organizers, all sponsors, their representatives and their successors from all claims of liabilities of any kind arising out of my participation in this event. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

簽名
Signature _____

日期
Date _____

Participants must be 18 years of age or over.

Limited seating for participants, sign up early and call to ensure availability.

Fax completed applications to (312) 733-2822 or **deliver** to ADG

1882 S. Normal Ave. 2FL, Chicago, IL 60616

or **turn in** applications 30 minutes prior to contest, subject to seating availability.

報名表下載 **Download applications online:**
www.MoonFestChicago.com