

LBW Wingfest Eating Competition

Registration Form

Name:	
Address:	
City:	
Province:	

Age:	Sex:	Weight (optional):
Height:		

Do you have any medical conditions?	If yes, what condition(s):
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Which event(s) are you registering for?	Endurance:	Blitz:
LBW Classic Sauce(s) for wings? (Max 2)		

Have you competed in an eating competition before this?	Yes:	No:
If "Yes" Which Competition(s)		

By signing this form I, _____, acknowledge and agree to the rules outlined in the "Official LBW Wing Eating Contest Rules".

Date:	
Signature:	