



Bags Tournament

Saturday, August 3, 2019



Registration 12:00 noon – Entertainment Tent

Tournament begins 12:30 pm

(after which time, no additional teams will be allowed entry into tournament)

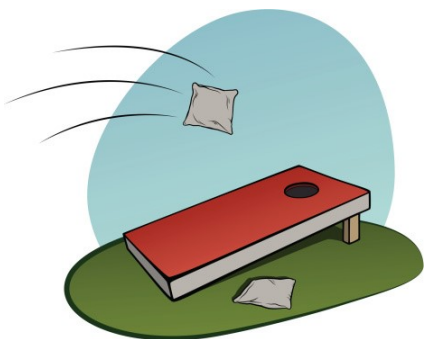
Teams are comprised of two people. Tournament is a double elimination bracket, with all teams being guaranteed two matches. Each match will consist of best out of 3 in head to head competition.

ENTRY FEE:

\$30 per team; pay and register at event

PRIZES:

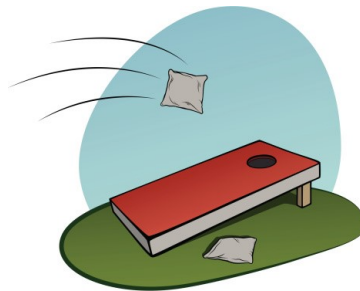
Cash Prizes



Shorewood Area Chamber of Commerce
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Shorewood, IL 60404
(815) 725-2900 Fax: (815) 725-3573
www.crossroadsfest.com
www.shorewoodchamber.com

CROSSROADS FESTIVAL BAGS TOURNAMENT 2019

THIS IS A TOURNAMENT DESIGNED FOR AMATEUR PLAYERS ONLY. ACO PROFESSIONAL PLAYERS OR ACO TOP 40 RANKED SINGLES OR DOUBLES PLAYERS WILL NOT BE ALLOWED TO PARTICIPATE. IF YOU ARE UNSURE OF YOUR STATUS, WE WILL ASSIST YOU IN VERIFYING YOUR STATUS FROM DOCUMENTATION PROVIDED TO US BY THE ACO.



COST: \$30 PER TEAM – REGISTER AND PAY AT EVENT

Team Name: _____

Contestant #1 _____ Phone #: _____

Email Address: _____

Signature: _____ Date: _____

I agree to play by the rules of the tournament as stated above.

Contestant #2 _____ Phone #: _____

Email Address: _____

Signature: _____ Date: _____

I agree to play by the rules of the tournament as stated above.

Shorewood Area Chamber of Commerce **Waiver and Release of All Claims**

The above participant(s) agrees to obey all programs rules and regulations as well as the Tournament Directors/Sponsors. As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have, as a result of participation in the program, against the Shorewood Area Chamber of Commerce, it's officers, agents, servants, and employees. I do hereby fully release and discharge the Shorewood Area Chamber of Commerce and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur to me on account of my participating in the program. I further agree to indemnify and hold harmless and defend the Shorewood Area Chamber of Commerce, its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above program details and Waiver and Release of All Claims. Before registration in this program is valid, the Waiver and Release of All Claims must be signed by the participant(s).

Team #

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