



2022
FORT BEND COUNTY FAIR
LAWN TRACTOR RACE
ENTRY FORM

PLEASE PRINT / TYPE AND RETURN WITH YOUR PAYMENT

TEAM NAME: _____ RACE NUMBER: _____

RACE CHIEF: _____

DAY TIME PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

NAMES OF ADDITIONAL CREW _____

**EACH TEAM MEMBER MUST SIGN A RELEASE OF LIABILITY & INDEMNITY
AGREEMENT PRIOR TO MOVE IN ON DAY OF RACE.**

TEAM ENTRY..... \$25.00 _____

Credit Card Number _____

Exp. Date _____

Check Enclosed Cash (*please do not mail cash*)