

Registration

(Entry must be in by September 1, 2019)

Contestant

SACO VALLEY WOODSMEN'S FIELD DAY

September 30, 2019 Fryeburg Fair

Name (please print) _____ Date _____

Mailing Address _____

Telephone _____ Email _____ DOB _____

(Mark appropriate boxes for each event you wish to enter. Sign Insurance Waiver on back of this form)

(M) MEN'S EVENTS **(MA)** MASTER'S EVENTS – 55 years & over
(SMA) SUPER MASTER'S EVENTS – 68 and over **(W)** WOMEN'S EVENTS

(PLEASE MARK IN THE CORRECT COLUMN FOR EACH EVENT YOU ENTER)

- | M | MA | SMA | W | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LOG ROLL (Partner's name) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | UNDERHAND CHOP |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BUCKSAW/BOW SAW |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | AXE THROW |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | STANDING BLOCK CHOP |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CROSSCUT (Partner's name) _____ |
| <input type="checkbox"/> | | | | CHAIN SAW EVENT (anyone, any saw, No HP restrictions) |
| <input type="checkbox"/> | | | | JACK & JILL CROSSCUT (Partner's name) _____ |
| <input type="checkbox"/> | | | | TREE FELLING 20 Trees – assigned random draw in this order Super Masters, Masters, Women |
| <input type="checkbox"/> | | | | INVITATIONAL SPRINGBOARD CHOP <input type="checkbox"/> Left <input type="checkbox"/> Right |

NO SWAPPING HEATS TO SHARE TOOLS

Please sign Insurance Waiver and return.

Jill partner must sign too if not competing in other events.

Under 18 years, parent or guardian must sign the waiver.

Enclose the \$35.00 fee, Check made out to Fryeburg Fair. Due to Elaine by September 1, 2019.

Forms may be copied. Please read all rules, etc in the Official Handbook on the Fryeburg Fair website.

Send Registration, Insurance waiver, W-9 (Canadians), Entry fee \$35 to:

Elaine Emery, PO Box 231, West Paris, ME 04289, Tel. 207-674-2694, Email elaine90@megalink.net & on Facebook