WEST OXFORD AGRICULTURAL SOCIETY

W-9 FORM	DATE
Name	_
Address	
Social Security Number	— (If Individual or Sole Proprietor)
Employer Identification Number (TIN#)	
Signature	
I certify that the above is my correct Taxpayer Identification Number a	and that I am not subject to backup withholding.
We are not required to report amount paid to corporations. If you a name below and sign where indicated.	re incorporated, please write your corporate
Corporate Name	
Signature	
Federal law requires that we report to the Internal Revenue Services amount services, rentals and other forms of payment if such payments aggregate \$60 include your Taxpayer Identification Number (TIN). If you fail to provide your payable to you. If you have been notified by the IRS that you are subject to be XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	20.00 or more during the year. We are also required to r TIN, we are required to withhold 20% of the amount packup withholding, we must withhold 20%.
INSURANCE RELEASE FO	<u>DRM</u>
Insurance release for Saco Valley Woodsman's Field Day contestants includin contestant under 18 years old must complete and sign this form.	g the Jack and Jill partner, parent or guardian for
Each of the undersigned expressly acknowledges and agrees that the activitic and involve the risk of serious injury and/or death and/or property damage. the foregoing release, waiver and indemnity agreement is intended to be as Province or State in which the event conducted and that if any position there notwithstanding, continue in full legal force and effect. The undersigned has read and voluntarily signs the release and waiver of liab no oral representations, statements or inducement apart from the foregoing The waiver, release and indemnification agreement specifically embraces each by said releases during the entire season and applies to each and every even effect as if executed after each and every activity or event in which the unde to be released and indemnified shall be fully and effectively released and indescribed.	Each of the undersigned further expressly agrees that broad and inclusive as is permitted by the law of the eof is held invalid, it is agreed that the balance shall, bility and indemnity agreement and further agrees that written agreement have been made. In the control of the
Cignod:	Data
Signed:(Contestant)	Date
Signed:(Jack and Jill partner if not in any other event)	
Signed:	Date

(Parent or Legal Guardian if contestant is under 18 years old)