



FOR COORDINATOR USE	
Date Received _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Amount Paid _____	
Payment Method _____	
Booth Location # _____	

# 17<sup>th</sup> Annual Osceola Heritage MusicFest

PO Box 443 | Osceola, Arkansas 72370  
 OsceolaHeritageMusicFestival.com | Facebook.com/OsceolaMusicFest

## 2015 POKER RUN ENTRY FORM

Saturday, May 16, 2015  
 Downtown Osceola, Main Street/Bingo Hall, 108 W Hale  
 Registration starts 9:00 a.m. First bike out at 10:00 a.m. Last bike out at 11:00 a.m.

### Entry Fee \$25

*Includes one hand, lunch, and Saturday pass to MusicFest.*

Extra Rider \$15    Extra Hand \$5    Extra Cards \$5 each

Rider name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

<b>Base Entry Fee</b>	1	@	<b>\$25</b>	=	<u><b>\$25</b></u>
<b>Additional Rider</b>	_____	@	<b>\$15</b>	=	_____
<b>Additional Hand</b>	_____	@	<b>\$5</b>	=	_____
<b>Additional Card</b>	_____	@	<b>\$5</b>	=	_____
<b>Festival T-Shirt</b>	_____	@	<b>\$15</b>	=	_____
(Please indicate quantity of sizes:    S _____    M _____    L _____    XL _____    2XL _____    3XL _____)					
<b>Festival Posters</b>	_____	@	<b>\$15</b>	=	_____
<b>TOTAL</b>					_____

**I do hereby release, remise, waive, and forever discharge the sponsor(s) and any and all other supporting groups of this said event, together with all of their officers, agents, officials, and employees from any and all liability, claims, demands, actions, or cause of action whatsoever arising out of, or related to any injury, illness, loss, or damage, including death, relating to participation in aforesaid event. I further state that I am in proper physical condition to participate in this event.**

\_\_\_\_\_  
Rider

\_\_\_\_\_  
Date

Please turn in completed forms to Main Street Osceola, 108 W Hale, Osceola, AR.  
 For more information, call 870-563-6177.