

Evil Twin Farms  
8535 South Jefferson Road  
Lamont, Florida 32336

**EVIL TWIN FARMS 3-D BUCKLE SERIES**  
**2009 MEMBER AWARDS APPLICATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

I would like to participate in the Awards Program for Evil Twin Farms 3-D Buckle Series being held July 2009 – December 2009 and agree to pay the \$20.00 Member Fee. I hereby agree to abide by all of the rules and regulations and I understand that before competing in these events I must read and sign an Assumption of Risk, Waiver and Release of Liability, and Indemnification Agreement. Applicant(s) acknowledges that he or she has no absolute property or other right to participate in these events.

MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

If applicant is a minor, parent and/or guardian must sign above.

\*\*\*\*\*

**FOR ETF BUCKLE SERIES USE ONLY**

Membership Date: \_\_\_\_\_

Fee Received: \$ \_\_\_\_\_

Secretary's Initials: \_\_\_\_\_