

REAL MEN WEAR KILTS

REGISTRATION FORM

No Entry
Fee

Name _____

Address _____

Phone _____

Email _____

Kilt/Skirt Description _____

Personal Facts (or Fictions) (Tell a little about yourself - job, hobbies, interests, family, etc.)

This is the first annual Real Men Wear Kilts Pageant and is meant to be a fun and entertaining event for the family-oriented Town of Clover St. Patrick's Day Festival.

I understand that the Town of Clover reserves the right to reject any application. I hereby release all sponsors, promoters, and officials of the Town of Clover from any claims of injury or damages resulting from participating in this event.

Signed _____ Date _____