

# REGISTRATION APPLICATION

## B.P.O. ELKS

### "SOCCER SHOOT"®

#### GOAL SHOOTING CONTEST

For boys and girls up to age 15

Boy

Girl

**APPLICANT CAN PARTICIPATE IN ONE LODGE CONTEST ONLY**  
**(PLEASE FILL OUT IN DETAIL)**

DATE OF BIRTH \_\_\_\_\_  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

*Please circle Correct Age you will be on*

# JANUARY 1

(Fill in appropriate year)

4 5 6 7 8 9 10 11 12 13 14 15

APPLICANT'S NAME: \_\_\_\_\_  
(Please print or type)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Mom Work Dad Work

NAME OF APPLICANTS \_\_\_\_\_  
PARENTS \_\_\_\_\_  
or Mother  
GUARDIANS \_\_\_\_\_  
Father

ELKS LODGE \_\_\_\_\_ NO. \_\_\_\_\_ DATE \_\_\_\_\_

### REQUEST AND CONDITIONS FOR REGISTRATION

The undersigned, parent/guardian of the above named applicant, hereby requests applicant's registration in the B.P.O. Elks "Soccer Shoot"® GOAL SHOOTING CONTEST and represents the information set forth in this Application is correct. In consideration of such registration and the right of the applicant to participate in the competition, the undersigned does hereby acknowledge and agree that such participation will be solely at the risk of the applicant and the undersigned and without liability to the Benevolent and Protective Order of Elks of the United States of America, its State Associations, its Local Lodges and the officers and members of them (hereinafter collectively referred to as "BPOE"). The undersigned, for himself, his personal representatives and successors, does hereby release and forever discharge BPOE from any and all claims, demands, liabilities, obligations, damages, costs, expenses, loss of service, actions and causes of action including each and every right of payment for damages said undersigned may now or hereafter have against BPOE arising out of any act or occurrence incident to the applicant's said participation and/or the engagement of the undersigned in connection therewith. The undersigned hereby consents and authorizes BPOE to use and reproduce applicant's name and/or likeness and to circulate the same for any and all purposes reasonably related to the conduct and promotion of the said competition, and the undersigned does hereby agree to indemnify and hold BPOE harmless from any and all claims, loss or damage to the BPOE resulting from or related to applicant's said participation. I have read, understood, and followed the rules of the "Soccer Shoot" contest.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
Signature of Parent (Mother)

\_\_\_\_\_  
OR (Father)

**NOTE: ALL entrants are requested to contact their school principal or coach to determine if any restrictions or eligibility requirements exist in their state. Signatures verify information supplied on this card is correct.**

**(Over)**

**THIS MUST BE FILLED OUT BY THE RESPECTIVE DESIGNATED  
PEOPLE AS SHOWN BELOW. PLEASE PRINT.**

**EXALTED RULER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Area) \_\_\_\_\_

**LOCAL LODGE DIRECTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Area) \_\_\_\_\_ SCORE \_\_\_\_\_

Document checked by \_\_\_\_\_ Date \_\_\_\_\_ Lodge \_\_\_\_\_

Age verified by \_\_\_\_\_ Date \_\_\_\_\_

**DISTRICT DIRECTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Area) \_\_\_\_\_ SCORE \_\_\_\_\_

**STATE DIRECTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Area) \_\_\_\_\_ SCORE \_\_\_\_\_

**AREA/REGIONAL DIRECTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Area) \_\_\_\_\_ SCORE \_\_\_\_\_