

Entry Form - Please return by April 13, 2022

	.p0,				
Entry Name:					
Contact Name:					
Address:					
City, State and Zip:					
Phone Number:					
E-Mail:					
am registering as a (check on			lr	ndepender	nt Bartender:
T-Shirts: Small Write number of shirts desired b					
List of Ingredients					
These will not be disclosed bu amounts of each item used or			of alle	ergic react	ion. You do not have to list
					Extra Shirt(s):
	TOTAL: \$				
Cash	Check	Credit	: Card		
Card #		Exp	_/	_ CVV	Zip code
Signature		Dat	e		
No	efund for cancella	ations will he	allowe	ed after Ar	nril 21 st
	pleted entry form				
Email: pfrana@nebraskacity.c	•		,		
Mail: Pam Frana/NCTC					
806 1 st Avenue					NEBRASKA
Nebraska City, NE 6842	10				CITY
For Office Use Only: Dat	e Received	Date Pa	aymen	t Received	d
Check # Invoice #	CC				