TRICYCLE RACE
Entry Blank

SPONSORED BY COAST HARDWARE "DO IT BEST"

Mariposa District Fair and Homecoming
State of California   Department of Food and Agriculture
35-A District Agricultural Association

SUNDAY, AUGUST 31, 2025
TIME 3:15 PM

ENTRY LIMITED TO AGES 2, 3, 4, 5   16 PARTICIPANTS PER AGE GROUP.

Entry blanks will be accepted on a first come, first serve basis until all openings have been filled or until 2 PM, Sunday, August 31, 2025, whichever comes first. Age as of August 31, 2025 applies.

IN ADDITION, EACH CONTESTANT MUST SIGN IN WITH EVENT COORDINATOR AT THE OUTDOOR DANCE SLAB JUST PRIOR TO THE START OF THE EVENT.

I agree to indemnify and save harmless the 35-A District Agricultural Association, the State of California, their officers, agents, servants, and employees from any and all claims, causes of action and suits accruing or resulting from any damage, injury or loss to participant, heirs, representatives or dependents including but not limited to injury and loss of property caused by, arising out of or in any way connected with the participation in this Tricycle Race.

I understand that participants are not covered by the State public liability or property damage insurance. Personal insurance coverage is at the prerogative of each individual contestant.

The 35-A District Agricultural Association reserves the right to alter the rules, events and conditions without personal notice of such change.

Race will be conducted at 3:15 PM, Sunday, August 31, 2025 on the outdoor dance slab in front of the Amigo Stage using four tricycles. There will be four (4) heats of four (4) children for each age group. Winners of the first four (4) heats will compete for the grand prize in the fifth heat in each age group.

CONTESTANTS ARE TO POWER THEIR OWN TRICYCLE. NO PUSHING OR OTHER HELP FROM SPECTATORS.

**WINNER OF EACH AGE GROUP WILL RECEIVE A TRICYCLE
DONATED BY COAST HARDWARE "DO IT BEST"**

I accept the conditions of the Tricycle Race as outlined above.

NAME OF CONTESTANT_____

MAILING ADDRESS_____

CITY/STATE/ZIP_____

TELEPHONE_____

AGE GROUP: 2( )   3( )   4( )   5( )

SIGNATURE OF PARENT OR GUARDIAN_____

FOR OFFICE USE ONLY	
AGE GROUP:	2[ ] 3[ ] 4[ ] 5 [ ]
CONTESTANT NUMBER:	#
ALTERNATE NUMBER	#