

UDUPI PALACE SPICY DOSA EATING CONTEST 2009

Participating Form

First Name*: _____

Last Name* _____

Residential Address

Apt/Suite _____ Street _____

City _____ Province _____

Postal Code _____

Tel*: _____

Cell: _____

Email: _____

Sign* _____

Date* _____

*Required Fields

Signing this form does not qualify you for the contest unless you sign the other required documents.

Please read the "Waiver Form" and bring a copy of these two forms signed to the restaurant with the entry fee.

By signing these forms you agree that you have read the Terms and Conditions, Rules and Regulations, Waiver Form and the Safety document of this Contest.

Please complete and submit this form and all other required documents before the 10th of July 2009 by 10.00PM with the \$10.00 participating fees

GOOD LUCK