



Great Meatball Match Up 2015 Amateur Entry Form

Contestant(s) Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Telephone: _____

Type of Meatball: _____
(e.g. Swedish, Italian, Spanish, etc)

All Amateur Contestants will receive 4 guest passes for contest admission for their friends and family.

The undersigned releases ASHM and anyone else connected with the management of the Great Meatball Match Up 2015 from any and all damages, injuries, losses, judgments and/or claims suffered by entrant to person or property.

Signature of Entrant(s) _____ Date _____

Please return this form by October 15, 2015 to:

American Swedish Historical Museum
Attn: Meatball Contest
1900 Pattison Ave
Philadelphia, PA 19145

For more info, contact (215) 389-1776 or crossy@americanswedish.org