

16th Annual Bed Race

It's that time again to start building your bed for the Strawberry Festival Bed Race. This will be the 16th annual race and it will be held on Saturday, June 20th, 2009. The winning team will receive a \$250 cash donation to the charity of their choice plus a Strawberry Plaque for 1 year.

LOCATION: Beamsville Fairgrounds

TIME: 7 p.m.

Strawberry Festival Bed Race Rules: Deadline to apply: Friday, June 19th 2009

Eligibility

All participants must be willing to have FUN!!

Registration Fee

Registration fees are set at \$15.00 per team

Fees are due with the registration forms (cash or cheques made payable to the "Beamsville Strawberry Festival Association")

Race Procedures

Teams will draw for a heat position (depending on the number of participants, one team may draw a bye into the second round)

Absolutely nothing will be thrown at either racers or observers during the race

Team Structure

Each team will consist of 4 runners/pushers and 1 rider

Teams may have 2 members between ages 16-18 with the remaining team members being 18 years of age or over.

Bed Construction

Mattress and bed frame must rest on 4 wheels, which are in use for the duration of the race No motorized beds are allowed

The bed must be "pushed" by racers, not "pulled" by ropes or cables All beds must be constructed with safety in mind

Safety Requirements

The rider for each team must wear either a bicycle, motorcycle or athletic helmet for the duration of the race and it is recommended that the rider wear other protective equipment While competing, teams may not interfere with or obstruct the opposing team in any way

Beds can be rented from the Strawberry Festival Association for \$25. (\$50 additional fee if you damage the bed).

Please contact Carolyn at 905-563-4785, carolyn.hansen040@sympatico.ca, or Barb at 905-563-7274, rstones@becon.org for further info.

Festival Bed Race Registration Form

DATE: Saturday, June 20, 2009
LOCATION: Beamsville Fairgrounds
TIME: All racing teams must meet at 6:15 p.m. Race time begins at 7 p.m.
RULES: (See attached cover letter)

Name of Organization: _____

Contact Person: _____

Contact Phone No.: _____

Charity of Choice: _____

All race participants must print their name and sign this waiver.

We, the undersigned, take full responsibility if any injury should occur to anyone on our team while participating in the Strawberry Festival Bed Race. There will be no race participant substitutes on race day.

PRINTED NAME	SIGNATURE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Please return to: Beamsville Strawberry Festival Association
PO Box 702
Beamsville, ON
L0R 1B0