

**Registration form for the 10th German Potato Lifting Championship
at Bauer Poppe on 12 September 2010**

**Bauer Poppe
Am Lerchenkrug 3**

D-27356 Waffensen, Germany

or by fax to **(+49) (0)4268-1460**

First name, surname: _____

Address: _____

Postal code and town: _____

Country: _____

Age: _____ Phone: _____ Fax: _____

Age class as per invitation: I II III IV IV

Team class (5 persons)

Team name: _____

I herewith register for participation in the 10th German Potato Lifting Championship. I/we confirm that I/we have read the the invitation. I/we accept the conditions of the competition and the rule that the jury's decision is final. I/we agree that my/our names shall be published in the media and the internet in the event that I/we are among the winners. I/we shall be given a numbered starting place before the event starts and promise to be present in good time.

Place, date

Signature

Signature of a responsible adult for age classes I thru III

To be completed by the organizer

Registration received: _____

Age class: _____ Start number: _____

Please send or fax the registration form for the 10th German Potato Lifting Championship to the one of the given addresses