



**Julie Hanson Memorial Conch Republic Bed Races
Competitor Registration Form
April 25, 2026 | 1:00P-6:00P**

Team Name: _____

Sponsoring Business: _____

Team Captain Name: _____

- Email Address: _____
- Phone Number: _____
- Mailing Address: _____

Competitor Registration*:

- Register to compete in races - \$350 (*without banners*)
- Register to compete in races (*with two banners*) - \$450

Payment Method:

- Credit/Debit Card
- Bank Transfer
- Check

(make checks payable to Sister Season Fund, Inc.)

Email: info@sisterseason.com

Phone: (334) 316-3222

Website: SisterSeason.com

Mailing Address: 422 Fleming Street, Key West, FL 33040

Credit/Debit Card Information (*if applicable*):

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ / _____ (*MM/YY*)

CVV: _____

I authorize the above donation and agree to the terms and conditions.

Signature: _____

Date: _____ / _____ / _____

***Competitor Information:** Competitors will be expected to complete liability waivers for each person competing. Competitors will be recognized on social media, on radio broadcast, with 2 banners along race route, and on the Tourist Development Council's video streaming.

Please be advised that all fundraising activities conducted during this event are dedicated solely to the benefit of the Sister Season Fund. No other organizations or individual entities are authorized to collect donations or solicit funds on-site. We thank you for your cooperation and your commitment to supporting our local hospitality community.