

Rotary



CARDBOARD CITY 2016 CANstruction Contest

WHEN: September 17, 2016

TIME: 6:30 pm to 8:30 pm

PLACE: Parking lot on the Southeast corner of the Clinton County Courthouse

THEME: Pokémon



REGISTRATION TIME: 6:00 pm to 6:30 pm

Thank you for being part of the **CANstruction Contest** at the CARDBOARD CITY 2016. The rules are simple. Your team will have from 6:30pm to 8:30pm to build a structure made entirely out of canned goods and non-perishable food items. We have expanded the time to 2-hours so you can participate in "Hands Together for Homelessness" scheduled to start at 7:00pm. This year's theme is "**Pokémon**". Judging will take place after 8:30pm and the winning team will receive the **CANstruction** traveling trophy to keep for a year! At the end of the competition all structures will be dismantled and taken to the Clinton County Homeless Shelter's food pantry.

Structures can be no larger than 10 feet by 10 feet. Structures will be assembled on the parking lot of the Clinton County Courthouse. We are asking everyone that is participating to bring a pop up tent to cover their structure in case of rain.

Please call Ginny or Amber at the Clinton County Homeless Shelter at 937-382-6272 letting them know you are participating in CANstruction before Friday, September 16th at noon so we can reserve a spot for your team in the competition.

Bring the attached completed registration form to the CARDBOARD CITY 2016 registration desk between 6:00pm and 6:30pm. Building starts right at 6:30 and ends at 8:30pm.

Good luck and thank you for participating in CARDBOARD CITY 2016's CANstruction Contest!

CANstruction Contest



2015 CANstruction Winner
created by MB Financial Bank

REGISTRATION FORM

Name of Organization or Team:

Name of Sponsor or Team Captain:

Phone Number:

E-mail address:

Address:

WAIVER

I HEREBY RELEASE THE SPONSORS AND THE VOLUNTEERS AND ANY OTHER ASSOCIATED ORGANIZATION OF THE CARDBOARD CITY EVENT FROM ANY AND ALL CLAIMS OF INJURY OR ILLNESS RESULTING FROM PARTICIPATION IN THIS EVENT. I REALIZE THAT THERE ARE SOME POTENTIAL HAZARDS AND THAT I WILL PROPERLY SAFEGUARD MYSELF AS A PARTICIPANT OR VOLUNTEER. I GIVE MY CONSENT FOR MEDICAL RELEASE SHOULD I BE INVOLVED IN ANY ACCIDENT OR HEALTH DAMAGING SITUATION AND SHOULD REQUIRE A FORM OF MEDICAL TREATMENT.

Signature: _____ Date: _____

Parent/Guardian Signature (if participant is under 18)

Signature: _____ Date: _____

NOTE: ANY CHILDREN UNDER 18 YEARS OLD MUST BE ACCOMPANIED BY AN ADULT