



## Errol Cup Dispensary Entry Form

Dispensary/Brand Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agent Email: \_\_\_\_\_

\*Best way to contact you if you win The Errol Cup: ( ) Email ( ) Phone ( ) Text

### Errol Cup Entry Information

Category	Strain	Type (I/S/H)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Entry Requirements:** \$150 per entry fee.

**Flower:** 14 grams

**Edible:** 10 individually wrap

**CBD:** Based on Type

**Concentrate:** 7 grams

**Vape:** 10 individually wrap

**Tincture:** 10 individually wrap

**Hand Crafted:** 10 individually wrap

**Topical:** 10 individually wrap

**Application, entry/testing fee and samples must be submitted no later than 45 days before the event.**

#### Terms and Conditions

THE ERRL CUP IS AN ARIZONA MEDICAL MARIJUANA ACT EVENT, ALL RULES, LAWS, AND GUIDELINES IN ACCORDANCE TO THE AMMA WILL BE ENFORCED BY THE ERRL CUP. BY SUBMITTING YOUR ENTRY YOU, RELEASE AND HOLD HARMLESS ERRL CUP FROM ANY CLAIMS OF DAMAGES, LIABILITY, LOSSES OR SIMILAR IMPACT RESULTING FROM THE RESULTS, RELEASE, AND USE OF YOUR SUBMISSION, ITS RESULTS AND RELATED INFORMATION. ONCE SUBMITTED RESULTS ARE MADE PUBLIC, THE SUBMISSION AND ITS RESULTS CANNOT BE WITHDRAWN. YOU ALSO VALIDATE YOU ARE AUTHORIZED TO CREATE AND POSSES THE ENTRY, YOU CARRY AN VALID ARIZONA MEDICAL MARIJUANA DISPENSARY AGENT CARD, AND YOU ARE LICENCED UNDER AN ARIZONA MEDICAL MARIJUANA DISPENSARY.

By signing below you have agreed to the terms and conditions of the Errol Cup and are agreeing to submission of your entry to the Errol Cup.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

Received by Errol Cup

Date: \_\_\_\_\_ Initials: \_\_\_\_\_