SWIG VENTURE SWEEPSTAKES AMOE Entry Form and Information Verification Document

Personal Information	
• Full Name:	
Date of Birth (MM/DD/YYYY):	
Mailing Address:	
Street:	
City:	
State:	
ZIP Code:	
Contact Information:	
Phone Number:	
Email Address:	
Signature:	
Date:	
Date: Instructions for Submission:	
Instructions for Submission:	
Instructions for Submission: 1. Please print and complete this form in its entirety.	ntry eligibility):
Instructions for Submission: 1. Please print and complete this form in its entirety. 2. Ensure all fields are accurately filled out and the form is signed.	ntry eligibility):
Instructions for Submission: 1. Please print and complete this form in its entirety. 2. Ensure all fields are accurately filled out and the form is signed. 3. Mail the completed form to the following address (postmark required for el Savory Swig Stores, LLC 1557 W Innovation Way Suite 125 Lehi UT 84043	ntry eligibility):
Instructions for Submission: 1. Please print and complete this form in its entirety. 2. Ensure all fields are accurately filled out and the form is signed. 3. Mail the completed form to the following address (postmark required for el Savory Swig Stores, LLC	ntry eligibility):