



**KENTUCKY STATE CHAMPIONSHIP BBQ COOK-OFF
COOKS APPLICATION FORM
OCTOBER 2-4, 2009
SPRINGFIELD, KY**

Team Name: _____

Chief Cook: _____ Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Entry fee includes 20 amp service and water

Standard site size is 25 x 30 or 20 x 20 (deadline 9/25/09) \$200 _____

Please mark which size space you need: 25 x 30 20 x 20
Anything larger than 25 x 30 Add \$50 _____

How much space will you need 25 x ?? _____

Personal Portable Toilet for Weekend Add \$80 _____

Chili Contest (100% payout)
(to be judged on Saturday) Add \$25 _____

Dessert Contest (100% payout - recipe must contain Jim Beam) Add \$25 _____

Total Enclosed _____

Categories you will compete in:

_____ Beef Brisket* _____ Pork Ribs* _____ Chicken* _____ Ribs*

*Only these categories will be eligible for Grand Champion and Reserve Grand Champion Awards

_____ Crowd Pleaser Contest (Friday night sample bracelets will be sold and teams may offer samples to the crowd. Participants will be identified with a sign and may set their own menu. An award will be given for the top four teams receiving the most Crowd Pleaser votes. Hours will be 5:30 - 8:30 p.m.

Waiver of liability: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Springfield-Washington County Chamber of Commerce or any individual or group responsible for the organization or management of the Kentucky Crossroads Harvest Festival BBQ Cook-off. I hereby grant permission for the Springfield-Washington County Chamber of Commerce and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings and any other record of this event for any legitimate purpose. I agree to abide by the rules and regulations of the Kentucky Crossroads Harvest Festival BBQ Cook-off (copies may be found at www.kcbs.us or www.kyharvestfestival.com).

Signature of Chief Cook: _____ **Date:** _____

How should award checks be made out to your team?: _____

Please mail entry form, with check payable to S-WC Chamber of Commerce, to:
Springfield-Washington County Chamber of Commerce • 124 W. Main St., Ste. 3 • Springfield, KY 40069
Questions call 859-336-3810, x1 or e-mail swcchamber@bellsouth.net