



BY GOVERNOR'S
PROCLAMATION A PA
STATE CHAMPIONSHIP
BBQ CONTEST!

Rhodes Grove
Camp & Conference Center Est 1917

7693 Brown's Mill Road
Chambersburg, PA 17202

October 14 & 15, 2011

BBQ TEAM APPLICATION



**KANSAS CITY
BARBECUE
SOCIETY**

Fax: 866-314-9123

www.SmoktoberfestBBQ.com

Phone: 717-816-7252

Team Name: _____

Chief Cook: _____ KCBS Member #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Email Address: _____ Shirt Size: _____

Number of additional members of your team _____ (Four maximum)
Each team will be supplied with a 20' x 30' space (or larger), on-site electric and water available, but additional.

Contest Categories Entered: CHICKEN RIBS BRISKET PORK BRAGGIN' RIGHTS CHEF'S CHOICE

I AGREE TO ABIDE BY THE RULES & REGULATIONS OF THE KANSAS CITY BARBECUE SOCIETY, AVAILABLE UPON REQUEST OR DOWNLOADABLE AT www.SmoktoberfestBBQ.com.

	FEE	QTY	SUBTOTAL
Entry fee for any/all four meats	\$200.00	1	\$200.00
Braggin' Rights (Optional)	\$ N/C		
Chef's Choice (Optional)	\$ N/C		
On-site Electric and Water	\$ 25.00		
Booth Ice Service (Ice delivery to booth - Fri p.m./Sat. a.m. - 20 10lbs bags max per team)	\$ 30.00		
Private Port-a-John	\$100.00		
T-Shirt(s): Please provide quantity - S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____	\$15.00/e		
Name	TOTAL ENCLOSED		
Acct# _____ V MC	Exp. Date _____ / _____	CVV# _____	
Authorized Signature: _____			

Release 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 Smoktoberfest organizers, the Make A Wish Foundation, and Rhodes Grove Camp and Conference Center, their representatives, successors, and assigns for any and all injuries suffered by me in this event. Further, I hereby grant full permission to Make A Wish or authorized agents to use any photographs, videos, recordings or any other record of this event for any legitimate purpose.

Signature of Chief Cook _____

Date _____

(ENTRIES NOT ACCEPTED WITHOUT SIGNATURE)

Please make sure all items are filled in or circled, as we are unable to process an incomplete application. Return this completed application with check to: Smoktoberfest BBQ Challenge, P.O. Box 153, Shady Grove, PA 17256 or fax to 866-314-9123 with CC Information.

MAKE-A-WISH

A copy of the official registration and financial information for Make A Wish may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.