

Smoke on the Square Vernon

CASH PRIZE \$3,500 PLUS AWARDS THROUGH 5th PLACE. INDIANA STATE CHAMPIONSHIP QUALIFIER Sanctioned by KCBS –
Complete, Sign, and Return This Form with Your Payment.

Team Name:

Home Phone: Cell Phone:

Address/City/State/Zip

Chief Cook: # Team Members:

Email Address:

TOTAL ENTRY FEE: \$250.00 — EVENT LIMITED TO FIRST 40 TEAMS

Please Check Categories Entered Below:

- Chicken Pork Ribs Beef Brisket Pork Shoulder or Boston Butt

Additional Requirements

Entry Fee includes 20'X20' space for Friday and Saturday; additional footage is \$10 per 10 feet. Thursday setups allowed after 4:00pm, NO overnight stay on Saturday
Electric (**30amp only**) and Water Supplied. (if your rig hooks up to electric different than most please indicate the needs)

Limited RV Space Available. Ask for details

One free tee-shirt per team please indicate size: 3X 2X 1X L M

Additional tee-shirts \$10 ea. indicate amount and sizes:# of shirts _____ 3X 2X 1X L M

Make Checks Payable To:

Mail completed registration and payments to:
Jennings County Hope Foundation PO Box 796
North Vernon, IN 47265

For more information, please contact Kevin Dougherty, e-mail, doughboy.14@hotmail.com

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE KCBS.
COPIES OF THE RULES MAILED UPON REQUEST.

Waiver of Liability: In consideration of 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 against KCBS and 2017 smoke on the Square Vernon BBQ Cook Off, and their agents, successors, and assignee, for any and all injuries suffered by me in this event. Further, I hereby grant full permission to the KCBS and 2017 Smoke on the Square Vernon BBQ Cook Off 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.

Signature of Chief Cook _____ Date _____