



Aug 24-25, 2018
 Backyard BBQ
 Contest
 Entry Form

Official Team Name				
Team Captain (Primary Contact)				
Address		City	St	Zip
Phone	()	E-mail		

	Turn-In Time	Fee	Subtotal
Backyard BBQ Contest (must compete in all 3 categories)	Chicken	Sat 12:00pm	\$150 (1)
	Pork Ribs	Sat 12:30pm	
	Pork	Sat 1:00pm	
Check all others you will be competing in (must also compete in categories above)	<input type="checkbox"/> Anything Butt	Fri 7:00pm	Add \$30 (2)
	<input type="checkbox"/> Peach Dessert	Fri 8:00pm	Add \$30 (3)
Food vending on-site (flat rate)		Add \$400	(4)
Each cook team will be supplied with a 20' x 10' cooking space		Included	(5)
Each cook team will be supplied with a 20 amp electrical connection	Upgrade to 30 amp electrical connection	Add \$50	(6)
	Upgrade to 50 amp electrical connection	Add \$100	(7)
Late fee (applies if you are submitting entry form after July 28, 2017)		Add \$50	(8)
One free t-shirt (check one)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL		(9) \$0
Add lines 1-9 above and enter amount here.			(10)
If paying by credit card, a 3.75% service fee will be added to your subtotal. Multiply line 10 x 0.0375 and enter amount here. If paying by check, enter \$0.			(11)
Add lines 10-11. This is your total amount due. ALL FEES ARE NON-REFUNDABLE AFTER JULY 27, 2018.			

Method of payment: Check attached (made payable to the "City of Kennesaw"). Check # _____

Visa® MasterCard® Amex® Credit card #: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Signature authorizing charge to above number _____

If you have read the Cook Teams Info packet and agree to abide by all the rules and regulations set forth by the City of Kennesaw and the Kansas City Barbeque Society, initial here (required): _____

Waiver of Liability

I understand and acknowledge that participation in this event can be hazardous, and I hereby assume all risk while participating. I, and anyone entitled to act on my behalf, waive and release the City of Kennesaw, its agents, employees, officers, officials and sponsors from all rights and claims for any personal injury, death, or property damage suffered by me, or that I cause to others, as a result of my participation in this event. I, the undersigned, agree, without any right of payment or editing, to allow the City of Kennesaw to use the images of me and/or my children, including reproductions of photos, video, audio or other reproductions, for use in all types of media for public relations purposes to promote Parks & Recreation programs and activities. I, the undersigned, give permission to the City of Kennesaw to obtain and authorize medical care for participants at any hospital, emergency medical center, or any other health facility; by any medical doctor, osteopath, nurse, surgeon or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

Signature of Team Caption (required): _____ Date: _____

Submit completed entry form and payment to:
 City of Kennesaw Parks & Recreation Department
 Attn: Kimberly Flores
 2753 Watts Drive, Kennesaw, GA 30144
 Tel: (770) 422-9714, Fax: (678) 460-3373, E-mail: kdflores@kennesaw-ga.gov

Office use only: