

DATE OF COOKOFF _____ LOCATION _____

HEAD COOK'S NAME _____

ADDRESS _____

CITY, STATE ZIP _____

EMAIL OR PHONE _____

SHOWMANSHIP ____ YES ____ NO

INITIAL FOR OBEYING SAFETY RULES _____

WHAT ARE YOU COOKING?

CHILI	BEANS	CHICKEN	RIBS	BRISKET	OTHER
\$25	\$10	\$10	\$10	\$10	\$10

TOTAL FEES \$ _____