



Presented By:



NOTE: A COMPLETED ENTRY FORM MUST BE RECEIVED BY
August 15th, 2019. **Make Checks payable to AZBarbeque**

Mail Application & Payment to AZBarbeque -

7900 N. 70th Ave #101, Glendale, AZ 85303

Space is Limited, first come, first serve. First 20 Teams

**Each team is responsible for bringing their own meat and
cooking on their own equipment.**

FREE if Parent is Competing in Main Comp

If Parent is NOT competing in Main Comp - **\$10**

Total Amount Enclosed: _____

Head Cook (Kid's Name): _____ Team Name: _____

Parent's Name: _____

Parent's Rib Team Name (If Cooking): _____

E-Mail Address: _____

Release:

WAIVER OF LIABILITY: In Consideration of your accepting this entry, I the undersigned recognize that Springerville-Eagar Regional Chamber of Commerce, the cities of Springerville and Eagar, AZBarbeque, The Barbeque Championship Series and any of their co-sponsors including other entries, their employees or agents assume no responsibility for myself or members of my group. I will assume all risks that arise from my Kid's participation. I also hereby waive any claims against Springerville-Eagar Regional Chamber of Commerce, the cities of Springerville and Eagar, AZBarbeque, its co-sponsors, their departments, officers, employees or agents for any injuries or loss that arise from our participation. Further, I grant full permission to AZBarbeque, the Barbeque Championship Series organizers, promoters and sponsors or any agent authorized by them, to use any photographs, videos, recordings or any other record of this event for any legitimate purpose.

Signature of Parent: _____ Date: _____