

2009 K.C.B.S. Sanctioned
Smokin' on the Square BBQ Throwdown
Arkansas State Championship Event

June 19-20, 2009
Courthouse Square
Mountain View, AR

Official Entry Form



TEAM NAME: _____

CHIEF COOK: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

EMAIL ADDRESS: _____

ENTRY FEE: \$175 - Includes: 20 X 20 space for Friday night (June 19th) through end of contest Saturday (June 20th) – 110 electrical outlet provided upon request.

Make Checks Payable to: MVACC

Send completed form and check to:
David Bean
PO Box 1095
Mountain View, AR 72560

Waiver of Liability: I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the Kansas City Barbeque Society, MVACC and any and all sponsors of this event, their agents, representatives, successors and assigns for any and all injuries which may be suffered by me in this event. I further grant full permission to these and/or agents authorized by them to use any photographs, video tapes, motion pictures, recording or any other record of this event for any legitimate purpose.

Signature of Chief Cook: _____ Date: _____