



Official Amateur Competitor Application Form
Southern Fried Festival August 22, 2015 Hampton Roads, Virginia

TEAM NAME _____

Chief Cook _____ Phone _____ E-Mail _____

Address: _____

City _____ State _____ Zip Code _____

Entry Fee: \$100 for a 25' x 25' space includes all categories \$ _____

*15 amp electrical outlet is included, unit spaces will be allotted one outlet only.
Electrical cords will NOT be provided, please bring enough for your personal use
along with hose for water hook up.*

Total Enclosed \$ _____

Check categories in which you will compete:

___ Pork Ribs* ___ Chicken*

Set up begins at 8:00 AM on Friday, August 21; judging begins at 12:00 Noon on Saturday the 22nd. Awards will be presented Saturday afternoon. This is a KCBS sanctioned event with all KCBS rules applicable. Additional rules may be available at sign up. Site must be torn down and free of litter by 11 PM Saturday night. NO Alcohol allowed on Park Property. All Food vendors must show proof of liability insurance naming KCBS and Live Wire Media as the additionally insured. Waiver of Liability: In consideration of your 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 I may have against Live Wire Media, Kansas City Barbecue Society, or any individual or group responsible for the organization or management of Live Wire Media. I hereby grant permission to the Southern Fried Festival/VA BBQ Championships Committee 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. I agree to abide by the rules and regulations of the Southern Fried Festival/VA BBQ Championships, and the Kansas City Barbecue Society (copies may be requested from the KCBS).

Signature of Chief Cook _____ Date: _____

Release must be signed or entry will not be processed.

Indicate how award checks should be made out to your company _____

Send check payable to: **Live Wire Media 9919 Stephen Decatur Hwy. Unit 4 Ocean City, MD 21842**

PAYMENT METHOD: Check Enclosed ___ Credit Card ___

Card Number _____ Expiration Date ___ / ___ / _____

Signature _____ Printed Name _____

Address _____ City _____ State _____