



2017 PA BBQ FEST BACKYARD COOK-OFF TEAM APPLICATION

PORK RIBS: ___ YES ___ NO

CHICKEN: ___ YES ___ NO

OPEN CLASS ___ YES ___ NO

TEAM NAME: _____

CHIEF COOK: _____

PHONE #: _____ EMAIL _____

ADDRESS: _____

TEAM MEMBERS:

1. _____

2. _____

3. _____

We agree that the host of the cook-off, known as the PA BBQ FEST and Penn Werner Hotel Inc., its officers (elected and appointed), and any agent duly representing the host, shall not be held responsible for any loss, damage, or injury to the personal property of any of the contestants, or their family members or guests.

I have read and agree to abide by the rules and regulations covering this cook-off and have informed all team members of the official rules.

CHIEF COOK: _____ DATE: _____

Mail completed form and \$35.00 check to:

Penn Werner Hotel
BBQ Cook-Off C/O David Shefter
5 East Penn Avenue
Wernersville, PA 19565

