

BBQ Cook-off for a Cure

The Delaware Valley Chapter
Of the
National Hemophilia Foundation

Team Name _____

Chief Cook _____

Phone (____) ____ - _____ Email: _____

Address _____

City _____ State ____ Zip _____

Competitor Fee
\$150.00

Check categories in which you will compete:

- Chicken
- Ribs
- Chief's Choice
-

Note: There is a limit of 30 teams for this event

Set up begins at **7:00 AM** on Saturday, May 22, 2010. Judging begins **3:00 PM**. Awards will be presented at approximately **5:30 PM**. This is not a KCBS-sanctioned event. The entries will be submitted against Modified KCBS rules with no presentation score. Container and aluminum foil will be provided. Additional rules and prize amounts will be available after sign up. Your site must be torn down and free of litter by 8:30 PM Saturday night.

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 The Delaware Valley Chapter of the National Hemophilia Foundation, or any individual or group responsible for the organization or management of The Delaware Valley Chapter of the National Hemophilia Foundation.

I hereby grant permission for The Delaware Valley Chapter of the National Hemophilia Foundation 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 BBQ Cook-off for a Cure and its Representatives.

Signature of Chief Cook _____ Date _____

This release must be signed or entry will not be processed.

Send check payable to the Delaware Valley Chapter, along with this application to
The Delaware Valley Chapter of the NHF
222 S. Easton Rd.
Suite 122
Glenside, PA 19038