

Official Competitors Application
The Historic New Castle Colonial BBQ
Competition
New Castle, Delaware
June 9 & 10, 2017

Team Name: _____
Chief Cook: _____ Phone: _____
Email: _____ KCBS# (if applicable) _____
Address: _____
City: _____ State: _____ Zip: _____

Entry Fee: \$250.00 for a 25' X 25' space includes all categories \$ _____
\$10.00 for each additional linear feet (contiguous site) \$ _____

15 and 30 Amp electric outlet is included, unit spaces will be allotted one outlet only. Electrical cords will NOT be provided, please bring enough for your personal use. If additional amps are needed please contact Sandy Fulton at 410-726-1881. Please bring hose for water hook up.

TOTAL ENCLOSED: \$ _____

Check categories in which you will compete:
_____ Beef Brisket* _____ Pork Ribs* _____ Chicken* _____ Pork*

I will participate in the chicken wing competition on Friday night: _____ YES _____ NO

*Only these categories will be eligible for Grand Champion and Reserve Grand Champion Awards.

Set-up may begin at 7 AM on Friday, June 9, 2017: Judging begins on Saturday, June 10, 2017 at 12:00 Noon. Awards will be presented on Saturday afternoon, June 10, 2017 by 5 P.M. 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 11:00pm Saturday night.

Waver of Liability: In consideration of your accepting this entry, I understand, intending to be legally bound, hereby myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against The Historic New Castle Colonial BBQ Competition and the Kansas City Barbecue Society. I hereby grant permission to The Historic New Castle Colonial BBQ committee and/or agents authorized by them and the Kansas City Barbecue Society to use photographs, videotapes, motion pictures, recordings and any other record of this event for any legitimate purpose.

Signature of Chief Cook: _____ Date: _____

Release must be signed or entry will not be processed

Indicate how awards checks should be made out to your company: _____

Make checks payable to: **New Castle Charities**

Return payment and form to: **Sandy Fulton, 8139 Harmon Landing Road, Snow Hill, Maryland 21863**

I will have an RV in my booth: Yes _____ No _____ Additional Space will be needed: Yes _____ No _____ (See cost above)

Payment Method: _____ Check enclosed: _____ Credit Card (MC and Visa only)

Card # _____ Expiration Date: _____ CCV#: _____

Signature: _____ Printed Signature: _____

Any Questions please contact Sandy Fulton at 410-726-1881 or email: SandyFulton720@gmail.com

[Please print or type in information, must be legible.](#)