

TEAM REGISTRATION FORM



2019 West Alabama State Fair Barbeque Cook-off (BACKYARD) Nov 1st & 2nd

TEAM NAME: _____

HEAD COOK: _____

HEAD COOK MEMBER NUMBER: _____

ADDRESS: _____

CITY STATE ZIP: _____

TELEPHONE: _____

E-MAIL: _____

ENTRY FEES (Registration and Payment Must Be Received By 10/17/2019)

___\$200 STANDARD ENTRY FEE (20x30 site)

COOK CATEGORIES: Chicken, Ribs, and People's Choice (pork shoulder or butt)

\$3,000 CASH PRIZES: Grand Champion, Reserve Champion, 1st – 5th place (chicken and ribs)

PAYMENT PREFERENCE

Payment must accompany application

___CHECK - Made payable to United Cerebral Palsy of West Alabama

___CREDIT CARD

CARD NUMBER: _____

EXP. DATE: _____

CVV Code: _____

Waiver of Liability

West Alabama State Fair, United Cerebral Palsy of West Alabama, and KCBS, including its officers, sponsors and/or associates and the contestants, including parents, and/or legal representatives, agree that the West Alabama State Fair, United Cerebral Palsy of West Alabama, and KCBS, will in no case be responsible for any loss, damage, or injury regardless of how much loss, damage, or injury is occasioned, and indemnify and save harmless West Alabama State Fair, United Cerebral Palsy of West Alabama, and KCBS from any and all claims, suits, and/or judgments including the cost for defense of and such claim and/or suit by the West Alabama State Fair, United Cerebral Palsy of West Alabama, and KCBS brought by anyone as a result of any loss, damage, or injury to any person or property, occasioned by any action or inaction of contestant, either solely or in conjunction with the West Alabama State Fair, United Cerebral Palsy of West Alabama, or KCBS. Further, I hereby grant full permission to the West Alabama State Fair, United Cerebral Palsy of West Alabama, KCBS and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of the event for any legitimate purpose. I have read and agree to abide by the rules governing the BBQ cook-off.

SIGNATURE: _____

Complete this registration form and submit it along with your payment to:

**UCP of West Alabama
1100 UCP Parkway
Northport, AL 35476**

www.westalabamastatefair.com (205) 345-3031 ext. 23