

**Official Backyard
Competitors Application
The Historic New Castle Colonial BBQ
Competition at Battery Park
New Castle, Delaware
June 12 & 13, 2020
www.separationdayde.com**

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

Entry Fee: \$150.00 for a 25' X 25' space includes all categories \$ _____
\$10.00 for each additional linear feet \$ _____

Height of RV _____ ft
Length of RV _____ ft

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:

_____ Chicken* _____ Ribs*

I will participate in the Pulled pork competition on Saturday afternoon: YES _____ NO _____ Pork will be provided to you.

I would like to sell: rubs _____ sauces _____ cookbooks _____ other _____ please describe _____

T-Shirt Size for team Captain _____

Set-up may begin at 7 AM on Friday, June 12, 2020: Judging begins on Saturday, June 13, 2020 at 12:00 Noon. Awards will be presented on Saturday afternoon, June 13, 2020 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 11:00 pm Saturday.

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 Separation Day Colonial BBQ Competition and the Kansas City Barbecue Society. I hereby grant permission to the Separation Day Colonial BBQ Competition 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: Event Allies A completed W-9 Must accompany the application.

Return payment, W-9, and form to: Event Allies 307 A Street Wilmington, DE 19801

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.](#)

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