## Official Competitors Application The Historic New Castle Colonial BBQ Competition New Castle, Delaware

## June 11 & 12, 2021 www.separationdayde.com

Team Name:					
Chief Cook:	Pr	none:			
Address:	State:			Zini	
City	ວເ	ate		zıp	
License Plate number	State	<del></del>			
Entry Fee: \$250.00 for a 2	5' X 25' space includes all o	categories	\$		
\$10.00 for each additional linear feet			\$	CDII C	
				of RV ft	
			<u>Length of</u>	<u>FRV</u> ft	
	tlet is included, unit spaces our personal use. If addition up.				
TOTAL ENCLOSED: \$					
Check categories in which	vou will compete:				
Beef Brisket*	Pork Ribs*	Chicken*	Pork*		
	ed pork competition on Satu			NO Pork w	vill be provided.
I will sell saucesrubs_	cookbooksoth	erPlease des	cribe		
Set-up may begin at 7 AM presented on Saturday aft	Il be eligible for Grand Char on Friday, June 11, 2021: Sernoon, June 12, 2021 by Sernoon, June 12, 2021 by Serial and Site mu	Judging begins on Sat 5 P.M. This is a KCBS	curday, June12, 20 sanctioned event	021 at 12:00 No with all KCBS ru	ules applicable.
heirs, executors and admin Day Colonial BBQ Competi committee and/or agents pictures, recordings and a Signature of Chief Cook:	ideration of your accepting nistrators, waive and releastion and the Kansas City Baauthorized by them and the ny other record of this eve	se any and all rights a arbecue Society. I he ne Kansas City Barbec nt for any legitimate	nd claims for dam reby grant permis ue Society to use purpose.	age I may have sion to Separati photographs, v	against Separation ion Day Colonial BBC videotapes, motion
•	entry will not be processe				
Indicate how awards chec	ks should be made out to y	our company:			
	Event Allies Complete form to: Event Allies 307 A			form	
I will have an RV in my boo	oth: YesNoAdo	ditional Space will be	needed: Yes	No	(See cost above)
T-shirt size for the Team C	aptain				
Payment Method:	Check enclosed:	_Credit Card (MC and	Visa only)		
Card #	Expiratio	n Date:	CCV#:		
Signature:		Printed Signatu	re:		

Any Questions please contact Sandy Fulton at 410-726-1881 or email: <a href="mailto:SandyFulton720@gmail.com">SandyFulton720@gmail.com</a>



## Official Backyard Competitors Application The Historic New Castle Colonial BBQ Competition at Battery Park New Castle, Delaware June 11 & 12, 2021

## www.separationdayde.com

Team Name:		
Chief Cook:		
		cable)
Address:		
City:	State:	Zip:
License Plate Number	State	
Entry Fee: \$150.00 for a 25' X 25' sparson \$10.00 for each additional Height of RV $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$		\$ \$
•	•	one outlet only. Electrical cords will NOT be provided, ded please contact Sandy Fulton at 410-726-1881. Please
TOTAL ENCLOSED: \$		
Check categories in which you willcor Chicken* R		
I will participate in the Pulled pork compet	ition on Saturday afternoon:	YES NO Pork will be provided to you.
I would like to sell: rubssauces	cookbooksother	please describe
T-Shirt Size for team Captain		
be presented on Saturday afternoon,	June 12, 2021 by 5 P.M. This is a	a Saturday, June 12, 2021 at 12:00 Noon. Awards will a KCBS sanctioned event with all KCBS rules torn down and free of litter by 11:00 pm Saturday.
my heirs, executors and administrato Separation Day Colonial BBQ Compet Day Colonial BBQ Competition comm photographs, videotapes, motion pict	rs, waive and release any and all ition and the Kansas City Barbec ittee and/or agents authorized bures, recordings and any other it	lerstand, intending to be legally bound, hereby myself, I rights and claims for damage I may have against the Society. I hereby grant permission to the Separation by them and the Kansas City Barbecue Society to use record of this event for any legitimate purpose.
Release must be signed or entry will r	not be processed	
Indicate how awards checks should be	e made out to your company: _	
Make checks payable to: Event Allies Return payment, W-9, and form to: E	•	· · · · · · · · · · · · · · · · · · ·
I will have an RV in my booth: Yes	NoAdditional Space wil	l be needed: YesNo(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: <u>SandyFulton720@gmail.com</u> <u>Please print or type in information, must be legible.</u>