

KANSAS MASTERS BBQ  
CHAMPIONSHIP  
WICHITA, KANSAS

CONTACT: SISTER ROSE THERESE BAHR or Arneatha Martin  
CENTER FOR HEALTH AND WELLNESS  
2707 E. 21ST STREET, WICHITA, KS 67214 - (316) 691-0249 or 691-9404



SATURDAY, JUNE 11<sup>TH</sup>, 2005

**AMATEUR BBQ ENTRY FORM**

THE SECOND ANNUAL KANSAS MASTERS BBQ CHAMPIONSHIP WILL BE HELD IN WICHITA, KANSAS, SATURDAY JUNE 11<sup>TH</sup>, 2005. THIS ANNUAL EVENT WILL BE HELD AT THE LAWRENCE DUMONT BASEBALL STADIUM, LOCATED ON THE RIVER AND NEAR THE MAJOR DOWNTOWN CONVENTION CENTER. ENJOY THIS FAMOUS ALL AMERICAN BALLPARK BAR-B-QUE EVENT COMPLETE WITH MUSIC AND A DRAWING FOR A 2005 NISSAN ALTIMA.

PROCEEDS FROM THIS EVENT WILL GO TO BENEFIT THE CENTER FOR HEALTH AND WELLNESS. VISIT OUR WEB SITE AT WWW.WICHITAWELLNESS.ORG.

MAKE CHECKS PAYABLE TO "CHW BBQ EVENT", SEND TO ADDRESS ABOVE.

TEAM NAME: \_\_\_\_\_ HOME #: \_\_\_\_\_

CHIEF COOK: \_\_\_\_\_ WORK #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ENTRY FEE WILL BE \$25.00 PER CONTESTANT**

ENTRANTS WILL BE JUDGED ON A "POPULAR" VOTE BASIS WITH VOTES CAST BY THE GENERAL PUBLIC VISITORS AND GUESTS ATTENDING THE EVENT.

VOTING WILL BEGIN AT 3:00 P.M. FINAL STANDINGS WILL BE ANOUNCED AT THE AWARDS CEREMONY WITH THE PROFESSIONAL ENTRANTS.

**CHARGE CARD INFORMATION:**

CREDIT CARD TYPE (CIRCLE ONE): VISA MASTERCARD DISCOVER AMX

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NOTES: ONLY ONE VEHICLE MAY BE PARKED IN YOUR RESERVED COOKING AREA AND MAY NOT BE MOVED UNTIL THE END OF THE EVENT ON SATURDAY (500 PM). CHECK-IN FOR EVENT IS FROM 8:00 AM TO 6:00 PM FRIDAY 10 JUNE .

**RELEASE**

WAIVER OF LIABILITY In consideration of your accepting this entry, 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 KANSAS MASTER BBQ CHAMPIONSHIP, THE CENTER FOR HEALTH AND WELLNESS, THE LAWRENCE DUMONT STADIUM & THE KANSAS CITY BBQ SOCIETY, their representatives, successors and assigns, for any and all injuries suffered by me in this event. Further, I hereby grant full permission to the KANSAS MASTERS BBQ CHAMPIONSHIP EVENT 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.

Signature of Chief Cook: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent if under the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_