



Kansas Masters
BBQ
CHAMPIONSHIP
& Summer Fling

Saturday, June 13, 2009
Old Cowtown Museum

CAR SHOW APPLICATION

Presented by **The  Eagle**

Proceeds benefit the patients of





On **June 13, 2009** get ready for the sixth annual **Kansas Masters BBQ Championship and Summer Fling** - a benefit for the Center for Health and Wellness. This event promises to be the hottest ticket in town as teams blaze up their grills for trophies, cash and prizes. There will be plenty of events for the entire family. Come out and join more than 4,000 of your fellow Kansans.

Saturday, June 13, 2009
1865 Museum Blvd, Wichita, KS 67203

EVENT SCHEDULE

- 7 a.m.** Walk Registration Century II Kennedy Plaza
- 8 a.m.** Mayor’s Morning Wellness Walk - Century II to Cowtown
- 9 a.m.** Event Gates Open
 - **Kansas Masters BBQ Competition**
 - **Kids Cowtown Adventure – Hands-on learning for all ages**
 - **Cowtown full enactment – Costumed History Interpreters**
 - **Health & Wellness for the entire family**
 - **Center Stage of Entertainment**
 - **Heartland Talent Call Competition**
 - **BBQ People’s Choice – Come sample Great BBQ**
 - **2nd CLASSIC CAR SHOW**
- 10:00 a.m.** Official Welcome – Center Stage
- 11 a.m. - 2 p.m.** Lunch – Free Hamburgers
- 3 p.m.** Award Ceremony
- 4 p.m.** Event Closes

(Event schedule subject to change)

QUESTIONS

Car Show Contact: Walter Avant 371-5080
Event Information Contact: Jeri Yañez - (316) 612-6886
Fax (316) 691-9939 or email: jyanez@wichitawellness.org
Brian Black, event chair * 316-204-4284 brian.black15@yahoo.com



2009 Honorary Co-Chairs:
The Honorable Carl Brewer
Mr. Walter “Bud” Gates

2009 Event Chair:
Mr. Brian A. Black



The Center for Health and Wellness, Inc. (CHW) is a state-of-the-art nonprofit primary healthcare facility designed to meet the needs of the low to moderate income residents in northeast Wichita. The purpose of the Center is to provide quality, affordable family healthcare and improve access to primary healthcare services with a focus on prevention and wellness education for this traditionally underserved population.

“Affordable, accessible healthcare surely is among the most critical social issues we must address. I see the Center for Health and Wellness as a dream in the making. Perhaps the most gratifying aspect of this dream is that it is firmly grounded in reality. We are carefully making plans, using every resource at our disposal, and working diligently to create something of lasting value. Good health is a treasured possession; its attainment and maintenance are not only the responsibility of the individual but of society as a whole. We must join together to support this Clinic, for the betterment of us all.”

Walter “Bud” E. Gates



**6TH ANNUAL
KANSAS MASTERS BBQ CHAMPIONSHIP**

Saturday, June 13, 2009 - Old Cowtown Museum
1865 W. Museum Blvd., Wichita, KS 67203



CAR SHOW APPLICATION
Presented by **The Eagle**

- \$7.00** **Entry Fee** (includes entry into Cowtown and events)
8 a.m. Registration/Check-in at Old Cowtown visitors center
3 p.m. Awards Ceremony - Center Stage in Old Cowtown

Participant Information

Name: _____ Home Number: (____) _____ - _____
Address: _____ Cell Number: (____) _____ - _____
City: _____ State: _____ Zip: _____
E-mail: _____

Vehicle Information

Year	Make	Model/Body Style
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 against the Kansas Masters BBQ Championship, the Center for Health and Wellness, Inc., the City of Wichita, 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 participant: _____ Date: _____