

Certified by:



Riverside Dr., Fair Bluff, NC



www.fairbluff.com

Team Name _____

Chief Cook _____

(All correspondence will be with the Chief Cook.)

Address _____

City _____ State _____ Zip _____

Telephone (Cell) _____ (Office) _____

Email _____

Assistant Cook: (minimum of 1, maximum of 3)

1. _____

2. _____

3. _____

Space Information:

Each team will be allocated one **10'** by **20'** outside space. Each team must provide their own shelter if desired.

If you require a larger cooking area, describe in detail your reasons, including sizes of grills, props, and any other items used in cooking set-up. Attach additional sheet, if needed.

Payment Information:

A **\$ 175** fee must be received with each entry form no later than **April 19, 2024**. The Committee reserves the right to reject any entry. If entry is not accepted, your **\$ 175** entry fee will be refunded. However, no refunds of the entry fee will be made once you have been accepted in the contest.

I have read and agree to abide by all Rules and Regulations of the BBQ on the Bluff Barbecue Contest.

Chief Cook Signature

Return with check payable to: **Fair Bluff Chamber of Commerce**
no later than: **April 19, 2024**

to:

Finance Chairman **Chamber of Commerce**

Address: **P.O. Box 648, Fair Bluff, NC 28439**

1054 Main St.

PO Box 648

Fair Bluff, NC 28439

Phone: (910) 649-7202

Fax: (910) 649-7121

Email: fairbluffnc@rsnet.com

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