



Battle of the BBQ Brethren

August 7th - 8th 2010 Judging Assistance Application



Thank you for your interest in assisting with the judging at the fourth annual Battle of the BBQ Brethren. This event is KCBS sanctioned and is a NY State Championship. The event will take place at the Suffolk County PAL Sports Complex on Long Island. 700 Furrows Road Holstville, New York 11742.

The judges meeting will be at 11:00 am on Sunday. Sign in will start promptly at 10:45. If you are not signed in and present at 11:00 we will be giving your slot to an alternate.

There may be an ancillary contest on the Saturday of the event. If so, this will be a simple and fun category, such as chili.

In addition to mailing this form to the address below, you must email a copy to saberinc@optonline.net

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

Can you assist on Saturday? _____ Can you assist on Sunday? _____

Did you judge our event last year?

Are you a CBJ?

If 'yes', CBJ #:

Have you ever judged a BBQ competition?

How did you hear of this event?

Please list any food allergies:

Please mail this form along with the waiver of liability to:

JUDGING

PO Box 58

St. James, NY 11780

Waiver of Liability: Battle of the BBQ Brethren 2010

In consideration of accepting this entry, (I), the undersigned, intending to be legally bound, hereby for myself, heirs, executors and administrators, waive and release all rights and claims for damages I may have against the Suffolk County Police Athletic League, the Suffolk County Police Athletic League Sports Complex, the BBQ Brethren, their representatives, successors, and assignees, for any and all injuries suffered by myself in this event. Further, I hereby grant full permission to use any photographs, videotapes, motion pictures, recordings and any other record of this event and my participation for any purposes deemed necessary by the organizes.

By signing this waiver I acknowledge that I have read and agree to abide by the competition rules of the Kansas City BBQ Society.

Name (printed)_____

Signature_____Date_____