

2018 Salt City BBQ Festival Team Entry Form
A KCBS sanctioned event
In our 4th year

Team Name: _____

Head Cook: _____

Head Cook Member Number: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

Will you need power or electricity: Yes No 15 Amp _____ 30 Amp _____

Entry Fee-if paying by check please make checks payable to: Phoenix Philosophies, Inc.
PLEASE INDICATE WHAT SIZE SPACE YOU WILL NEED. THANK YOU

_____ \$350 spaces under 20x40 _____ \$100 extra if you want to vend _____ \$400 spaces over 20x40

DO YOU WANT TO ENTER 1 or 2 NEW CATEGORIES? _____ BACON &/OR _____ DESSERT

Payment Method: check credit card

Credit Card # _____ CVV code _____

Expiration date _____ Billing Zip code _____

I authorize the Salt City BBQ Festival to charge my credit card for the entry fee indicated above for the 2017 Salt City BBQ Festival

Waiver of Liability

Salt City BBQ Festival including its officers, sponsors and/or associates and the contestants agree that Salt City BBQ Festival will not be responsible for any loss, damage or injury. I further hereby grant full permission to Salt City BBQ Festival to use photographs for promotional purposes.

Signature _____ Date _____



Please send completed all correspondence, checks or information requests to: Phoenix Philosophies, 222 Orlando Ave, Syracuse, NY 13205 (315) 254-6119 eacarr@live.com