# 2019 BBQ Entry Form

Team Name: _____

Head Cook: _____

Phone Number: _____

Address: _____

City:_____State:_____Zip: _____

Email: _____

Returning Cooker from last year?_____yes _____no

Advanced Set- Up requested on Thurs. September 19th? ____yes ____no

CATEGORIES: (check all that apply)

Beef Brisket:_____Pork Spare Ribs:_____Chicken Halves: _____
Jackpot Beans:_____Showmanship:_____Cook's Dessert: _____

## Signature: _____

**By signing this form, you acknowledge that you have read and agree to all the rules of the BBQ Cook-off**

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**OFFICIAL USE ONLY**

**Site #_____**

Beef Brisket:_____Pork Spare Ribs:_____Chicken Halves: _____
Jackpot Beans:_____Showmanship:_____Cook's Dessert: _____

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**Mail to: Comal County Fair Association**
**P.O. Box 310223**
**New Braunfels, Texas 7813**

**Physical Address: 701 Common St.**
**New Braunfels, Texas 78130**