

**OFFICIAL ENTRY FORM**  
**When Pigs Fly BBQ Contest & Fly In**  
**McPherson, Kansas**

sponsored by the McPherson Chamber of Commerce Agriculture Committee  
August 27 & 28, 2010

**PLEASE PRINT**

Team Name: \_\_\_\_\_ Chief Cook \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Check all categories you will compete: \_\_\_\_\_ Ribs \_\_\_\_\_ Chicken \_\_\_\_\_ Brisket \_\_\_\_\_ Pork \_\_\_\_\_

Entry Fee include ice & limited electricity: Regular Booth (20 x 30) \$150.00  
RV Slot (only 9 available) \$175.00  
Total : \_\_\_\_\_

RELEASE 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 I may have against the McPherson Airport Authority, McPherson Chamber of Commerce, their agents, successors, and assigns for any and all injuries suffered by me in this event. Further, I hereby grant full permission to the Barbeque Event Coordinators/and or agents authorized by them, to use photography, videotapes, motion picture, recordings, or any other record of this event for any legitimate purpose. I also agree to abide by the rules and regulations of the McPherson Airport, McPherson Airport Authority, McPherson Chamber of Commerce and the Kansas City Barbeque Society. Copies available at the address below.

Signature of Chief Cook (Parent if under 18) \_\_\_\_\_ Date \_\_\_\_\_

In the event you are awarded prize money, who shall the check be made out to: \_\_\_\_\_

**Please Print**

Release/Official Entry Form must be signed & payment enclosed to:  
**When Pigs Fly BBQ Contest**  
**c/o McPherson Chamber of Commerce**  
**306 N. Main—P.O. Box 616, McPherson, Kansas 67460**



Special requests or comments: \_\_\_\_\_

Visa & Mastercard Accepted (all credit card transactions are subject to a 3% convenience fee)  
Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLEASE PRINT**

Name on Card: \_\_\_\_\_ V Code \_\_\_\_\_ (3 digit) on back

Address of Card Holder: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature : \_\_\_\_\_

*All credit card information will be destroyed after processing.*

Thank you!