

IBCA Sanctioned Bar-B-Que Cook-Off Bee County Family Fall Fest October 3-5, 2002

TEAM NAME: _____

HEAD COOK: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

ASSISTANT COOKS:

1. _____
2. _____
3. _____
4. _____

CATEGORIES: (please check category team to be entered in)

Brisket **Pork Spare Ribs** **Chicken** **All Three Meat Categories** **Jackpot Beans**

ENTRY FEE ENCLOSED:

\$35.00 for each category checked **# of categories X's \$35.00=** \$ _____

\$85.00 for all 3 meat categories **\$85.00 =** \$ _____

\$5.00 for Jackpot Beans **\$ 5.00 =** \$ _____

TOTAL FEES ENCLOSED \$ _____

BOOTH SPACE REQUIRED: Check one.

(Teams requiring more than 30'x30': please provide description of trailer, tent, and equipment for appropriate space to be provided)

10'x10' **12'x20'** **20'x20'** **30'x30'**

Send Entry Form with Fees (Check or Money Order) to:

GOLIAD HERITAGE COUNCIL
PO Box 1296
Goliad, Texas 77963
361-645-8577 Fax 361-645-8587

www.texasranchheritagedays.com

● *Please submit entry form and fees by September 30, 2000*