



Competitor's Application

Application deadline is April 6, 2018 at 5pm or
First 20 applications received - first come first served

Sanctioned by the Southern Barbecue Network

Event Date: April 21, 2018 Event Hours: 11:00am till 3:30pm



BBQ Team Name: _____

Contact Name _____

Mailing Address _____ PO Box # _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____ (Cell) _____

Fax _____ Primary e-mail _____ Website _____

Circle type of grill your team will use: Wood Gas Charcoal Combination

Size of Cooking Set Up (include grill, tables, & space used): _____ Length _____ Width

Check all the categories your team will be competing in: Boston Butt Chicken Ribs

Note to win Grand Champion teams must compete in all 3 categories

Will you be vending during the event (circle one)? Yes No

**If you circled yes you must submit your CERTIFICATE OF LIABILITY INSURANCE listing the City of Newberry as additional insured prior to the deadline listed above.*

FOR VENDING TEAMS ONLY

- I have read and understand to follow the SCDHEC Guidelines in Regulation 61-25
- Copy of Certificate of Liability Insurance attached.

Registration fees must be paid in full at time of application. Application without fee will not be accepted.

† Registration for Competition and/or Vending at the Event:

\$125 team registration fee (15'x 20' space) vending equipment will not be provided.

***Four 15 x 25 foot spaces are for an additional \$75, only to vending teams. Please mark below the space size you are applying for.**

I wish to apply for a 15x20 foot booth space _____

I wish to apply for a 15x25 foot booth space _____

\$ _____ Total Enclosed

Teams are responsible for complying with all contest rules, regulations and (DHEC) guidelines.

Failure to comply will forfeit competition and fees collected.

General Release

The undersigned does hereby release, acquit and forever discharge the City of Newberry, its agents, its representatives, its employees or contracted staff, of and from all manner of actions, suits, damages, claims or demands whatsoever in law or equity from any loss or damage of any nature of description, known or unknown, in any way relating to the undersigned participation in City of Newberry events. I acknowledge that I have read all event policies and agree to adhere to them.

Signature _____ Date _____

Please print name clearly _____

City of Newberry Parks, Recreation, and Tourism: (803) 321-1015

Please mail application and check made payable to:

City of Newberry, P.O. Box 538, Newberry, SC 29108