



4th Annual
Best Bucking Barbeque Cook-Off
April 25, 2009
Limestone Sheriff's Arena
Athens, Alabama

Judging Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Phone number where you can be reached:

Home () () _____ - _____ Cell () () _____ - _____

Business () () _____ - _____ -x- _____

KCBS Cert# _____

The applicant agrees to indemnify and hold harmless the Best Bucking BBQ Cook-Off volunteers all claims made against same, including, without limitation all costs, liabilities, judgments, expenses, damages or reasonable attorney's fees arising out of in connection with any structure erected by contestants, its agents, invitees, and assigns and any claims made on account or resulting from contestant's participation in the contest.

I agree to abide by all rules and regulations of the Best Bucking BBQ Cook-Off contained in the application. *Kansas City Barbeque Society rules are adopted for all aspects of this contest.*

Signature: _____ Date: _____

Submission of this form indicates your full acceptance of the rules and requirements for the Best Buckin BBQ Cook-Off.

If you have any questions, or must withdraw after acceptance, please contact Jonathan Hinton 256-232-3475, jhinton@limestoneheriff.com.

Mail to:

Southern Crossroads
Post Office Box 1700 Athens, Alabama 35612 256.232.5544 www.bestbuckinbbq.org