



OFFICIAL ENTRY FORM
September 2 - 3, 2011

SHRINERS ONLY BBQ DIVISION

Official Team Name _____

Head Cook's Name _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Head Cook's Driver's License No.: _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Size of Cooker _____ Length _____ Width _____ Cooking Method: Wood Gas Charcoal

Competition Categories: Entry Fees Total Amount Enclosed:

Butts \$175 \$175.00 Minimum

Optional Categories:

Anything Butt Pork No Entry Fee
Name/Description of Entry: _____

TOTAL AMOUNT ENCLOSED WITH ENTRY FORM \$ _____

Checks for the total entry fee must be received with each application, and checks should be made payable to **OMAR SMOKE ON THE BEACH**. The final deadline for entry is **August 19, 2011**. Smoke on the Beach reserves the right to reject any application. If your application is not accepted, your money will be refunded. However, no refunds will be made after you have been accepted into the contest. For additional information, please contact Dennis Weaver at (803) 493-2637 dennisweaver@irco.com or Omar office at (843) 971-0131. Further information, forms, rules, and more are located at www.smokeonthebeach.com.

Complete this form and mail, along with the entry fee, to:

OMAR SMOKE ON THE BEACH
176 PATRIOTS POINT STREET
MT. PLEASANT, SC 29464

NOTICES: **NO GOLF CARTS ALLOWED (EVEN ON A TRAILER) PER MYRTLE BEACH POLICE DEPARTMENT.**IF LESS THAN 10 TEAMS REGISTER TO COMPETE, THEN 1ST PLACE PRIZE IS ONLY GUARANTEED PAYOUT.****

WAIVER OF LIABILITY: I, the undersigned on behalf of myself and my team, intending to be legally bound, hereby, for myself, my heirs, my team, executors and administrators, waive and release any and all rights and claims for damages I or my team may have against Smoke on the Beach, Omar Shrine Center, Beach Boogie & BBQ Festival, Sun Fun Festival, the City of Myrtle Beach, the Myrtle Beach Area Chamber of Commerce, the Festival sponsors, representatives, employees, agents, volunteers, successors, and assigns for any and all injuries suffered by myself, my team, or my guests in the event. Further, I grant full permission to the event to use any photographs, video, or any other recording of the event for any legitimate purpose. I agree to abide by the rules and regulations of the event.

Head Cook's Signature (Required) _____

Date _____



PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS. NET PROCEEDS FROM THIS EVENT ARE FOR THE BENEFIT OF OMAR SHRINE CENTER.

www.smokeonthebeach.com