



Coastal Discovery Museum
HILTON HEAD ENTRY FORM
 JUNE 11 – 12, 2010



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 _____

Sponsored by (if applicable) _____

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

Competition Categories: Entry Fees

Whole Hog Butts

\$200.00

OMAR



Category:

Anything Goes

No Entry Fee

Name/Description of Entry for Anything Goes _____

SHRINERS

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 **JUNE 4, 2010**. 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 Sol McKenzie (912) 531-0790 solomons.mckenzie@vsswebsite.com or Dennis Weaver at (803) 493-2637 dennisweaver@irco.com.

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

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

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, Coastal Discovery Museum, 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