



**MYRTLE BEACH ENTRY FORM**  
APRIL 23 – 24, 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

Butts **\$200.00**

Category:

Anything Goes – Friday Night No Entry Fee  
Name/Description of Entry for Anything Goes \_\_\_\_\_



**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 **April 19, 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 Rusty Jones (843) 997-8611 or Omar Temple (843) 971-0131.

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, Family Kingdom, Sea Mist Oceanfront Resort, 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](http://www.smokeonthebeach.com)