



# MYRTLE BEACH ENTRY FORM

APRIL 15 – 16, 2011

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 (20x20 Standard) Cooking Method:  Wood  Gas  Charcoal

Competition Categories:

Entry Fees

Butts

**\$175.00**

OMAR



SHRINERS

(Teams will receive 1 case of Butts, Friday evening from 6-10 pm. Turn in will be 10am Saturday.)

Category:

Anything Goes – Friday Night No Entry Fee

Name/Description of Entry for Anything Goes \_\_\_\_\_

(We ask that you cook 200 or more samples, which will be served for \$1 tickets per sample and tickets collected will determine Peoples Choice Award. Onsite Judging begins @ 5:30. Public will be served 6 -8 pm, \$300 1<sup>st</sup> Place.)

**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 8, 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 Omar office at (843) 971-0131 or David Mauney at (843) 995-3910.

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 \_\_\_\_\_

### SPONSORS:



**PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS.**

**NET PROCEEDS FROM THIS EVENT ARE FOR THE BENEFIT OF OMAR SHRINE CENTER.**

**FOR A COMPLETE SET OF RULES AND SCHEDULES OR FURTHER INFORMATION, FORMS, AND MORE SEE OUR WEBSITE:**

**[www.smokeonthebeach.com](http://www.smokeonthebeach.com)**