



RIB COOKER APPLICATION

SATURDAY

AUGUST 12, 2023

Event: 11-5pm

Tasting: 12-3pm (only)

REGIONAL PARK

3770 Richardson Drive
Auburn, CA 95602

COOK TEAMS

(TAX DEDUCTIBLE ID# 75-3030071):

Cook Team Fee \$300

Includes ribs to cook

I wish to make payment by:

- Check – make payable to **CVU-Ribs** and mail to:

RIB COOKOFF
130 Maple Street, Suite 300
Auburn, CA 95603

- Credit card -Mandatory on file

Type Visa MC AMEX

Name _____

Card # _____

Exp _____ Sec # _____

Billing Zip Code _____

You are invited to cook at the 6th annual **ALL AMERICAN RIB COOKOFF**, Our first **Kansas City Barbeque Society** rib sanctioned event. Return your application today – number of cook teams are limited.

PLEASE PRINT CLEARLY OR ATTACH A BUSINESS CARD

TEAM NAME _____

LEAD CONTACT _____

EMAIL _____

PHONE DAY _____ CELL _____

ADDRESS _____

CITY / ZIP _____

2ND CONTACT _____

EMAIL _____

PHONE DAY _____ CELL _____

TEAM WEBSITE _____

RELEASE

I, the undersigned, a duly appointed representative of the business/organization listed above, hereby agree and shall defend, indemnify and hold harmless all ARD, CVU, EZ Events, sponsors, organizers and participants. This includes, but is not limited to, the Auburn Area Recreation and Park District, Crime Victims United, EZ Events and their officers, agents, employees and volunteers from any liability for damage or claims for damage of property and/or personal injury, including death, which may arise from or be in any way connected with my participation in this event.

PHOTOGRAPHY: I agree to allow photographs of me taken at the event, to be used for advertising, marketing, and general promotional purposes at any time in the future. I fully release such photographs, or rights in such photographs, free of charge, to the event organizers. The photographs may be used, or edited for use, without further need of consent from me or compensation to me.

I UNDERSTAND/AGREE MY TEAM RIBS MUST BE PICKED UP THURSDAY 8/10/23 FROM AUBURN. _____ Initials

I HAVE INCLUDED MY CREDIT CARD INFORMATION TO BE KEPT ON FILE- ONLY TO BE CHARGED IF MY TEAM WITHDRAWS FROM THE COOKOFF JUNE 12 OR AFTER (100% of cost of ribs); APRIL 12-JUNE 11 (50% of cost of ribs). _____ Initials

SIGNATURE _____

PRINTED NAME _____ DATE _____

**FULL PAYMENTS DUE BY
MARCH 31, 2023**

Please call **Sheryl Petersen** at **530-537-2981** for more information.