



TEAM NAME (please print)

CHIEF COOK (please print)

PHONE# _____

E-Mail (please include) _____

ADDRESS _____

CITY _____ **STATE** ____ **ZIP** _____

\$100 is the Entry Fee. We will supply the ribs. TOP SIX TEAMS AWARDED

Make checks payable to: Bonifest

Send entry form and entry fee to: attn. Ryan at Bonifest BBQ 110 N. Buchanan -
Edwardsville, Illinois; 62025 P.O. BOX 423

PHONE – 618-610-2070 E-Mail bonifestbbq@yahoo.com

WAIVER of LIABILITY: In consideration of your acceptance of this entry form and fee, I, the undersigned intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against The Bonifest Rib Cook Off, The Bonifest, St. Boniface church and school and all it's sponsors for any and all injuries suffered by me or members of my group at this event. I further grant permission to the Bonifest and/or agents authorized by them to use any and all photographs, video, or any other record of this event for any legitimate purpose.

SIGNATURE OF CHIEF COOK _____