

2 DAY COMPETITION COOKING CLASS

Dates: 1:00 pm to 8 pm August 4th and 7:00 am to 3:00 pm the 5th

Name:			
Team:		Tee Shirt Size	Black or Pink
Address:			
City	State	Zip Code_	
Phone:	Email:		
How long have you been competing:			_PRO / Backyard
What do you cook on?			
Have you taken a BBQ Class before? If so v	who's?		
Cost \$625 per person - Additional Team Me	embers \$400 per pers	on - Spouses \$300	
Reserve a spot for \$100 non-refundable de	posit. Balance must b	e paid 2 weeks prior	to the class.
Once paid and you need to cancel, your en	try fee will be applied	to the next available	class.
Class location: 3609 Century Blvd Suite #3 I	Lakeland FL 33811		
Mail or Email this form to: Sweet Smoke Q jim@SweetSmokeQ.com	3609 Century Blvd Ur	nit #3 Lakeland FL 338	311 -
I acknowledge that this Accident Waiver and Release of the event in which I may participate and it will go application and permitting me to participate in this enext of kin, successors, and assigns as follows: (A) Wapersonal injury, property damage, property theft or a from this event, (B) indemnify and hold harmless all eclaims made by other individuals or entities as a result activities I may be photographed. I agree to allow my event holders, producers, sponsors, organizers, and/or	event, I hereby take action aive, release, and discharge ctions of any kind which mantities or persons mentions of my actions during this approach, video, or film likens	onsibilities at aid event. In for myself, my executors, from any and all liability for ay hereafter accrue to me and in this paragraph from a event. I understand that a	n consideration of my administrators, heirs, or my death, disability or my traveling to and any and all liabilities or t this event or related
I hereby certify that I have read this docum	nent and I understand	its content.	
Print Name:			
Signature:		Date:	