



2017 Backyard BBQ Team Application October 13 & 14, 2017

TEAM INFORMATION

Team Name: _____

Head Cook: _____ # of Assistant Cooks _____ # of Vehicles _____

Address: _____

Cell: _____ Email _____

Must compete in Chicken & Pork categories to be eligible for Grand Champion & Reserve Grand Champion		
By September 9, 2017	\$75	(1) \$
Late Fee (applies if you are submitting entry form after Sept. 9, 2017)	Add \$25	(2) \$
Optional: Sauce Contest (\$10/sauce; up to 3 sauces)	Add \$10 per	(3) \$
Cooking space supplied 12'x12'	Included	
Additional space (\$10 per linear foot)	Add # of feet ___x10 =	(4) \$
Team Vending Fee includes Friday & Saturday (circle day(s) vending)	Add \$75	(5) \$
One free t-shirt (circle size) S M L XL XXL XXXL XXXXL	Included	
Extra t-shirts (how many) S M L XL XXL XXXL XXXXL	Add \$10 each	(6) \$
Water & 30 amps electrical connection		
Add lines 1-6 above and enter amount here.		(7) \$
If paying by credit card, a 3.75% service fee will be added to your subtotal. Multiply line 7 x 0.0375 and enter amount here. If paying by check, enter \$0.		(8) \$
Add lines 7-8. This is your total amount due. ALL FEES ARE NON-REFUNDABLE AFTER SEPT. 9.		

PAYMENT: Check # _____: Make payable to **Lyons Main Street** and send with application to address below.
Credit Card: Call 912-526-6445 to pay. Visa, MasterCard and Discover.

If you have read and agree to abide by all rules and regulations set forth by the City of Lyons and The Real Squeal, initial here (required): _____

Waiver of Liability

In consideration of your accepting this entry, I the undersigned, 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 The Real Squeal: Lyons Barbeque and Music Festival, the City of Lyons, and Lyons Main Street. Further, I grant full permission to the event organizers and/or agents, authorized by them, to use any photographs, videotapes, recording or any other record of the event for any legitimate purpose. I the undersigned give permission to the City of Lyons to obtain & authorize medical care for participants at any hospital, emergency medical center or any other health facility by any medical doctor, osteopath, nurse, surgeon, or any other medical practitioner. I also agree to be responsible for the expenses of any medical care required, and I hold the staff authorizing the medical care harmless from any damages suffered by the participant as a result of the medical treatment authorized.

Signature of Team Captain (required): _____ **Date:** _____

Submit completed entry form and payment to:

Lyons Main Street
134 NW Broad St.
Lyons GA 30436
Tel:(912) 526-6445, Fax:(912) 526-4372, E-mail: lyonsmainstreet@gmail.com