

BBQ - \$6500 PAYOUT (10 PLACES PER BBQ CATEGORY) KIDS QUE - \$350 TO TOP 5

STEAKS - JACKPOT (100% PAYBACK) PAYING TOP 8

ONLY THE 3 BBQ MEAT CATEGORIES (1/2 CHICKEN, RIBS, & BRISKET)

WILL COUNT TOWARDS GRAND CHAMPION

POWER HOOKUPS WILL BE 20.4 ONLY, WATER WILL BE AVAILABLE AT A SINGLE POINT FOR FILL UP



## **BCA Sanctioned Cook-Off**

Intended Jack Daniels BBQ World Championship & American Royal Invitational Qualifier

Rules can be found at www.bcabbq.org & follow our Facebook page for updates

## 1/2 CHICKEN - SPARE RIBS - BRISKET

\$150 Team Entry Fee

## \$6500 Total BBQ Payout

Kids Que(\$25)--\$350 total purse to Top 3

Steak(\$75 -or \$50 if the cooker is also doing the BBQ contest- 2 Ribeyes are provided each cooker)- \$1200 purse, paid to top 8

Contact Email: thisisbenjy@yahoo.com

Team Name:	He	ead Cook:_	
Address:	City:		State: Zip:
Phone:	E-mail:		Shirt Size:
Categories/check all that	tanniv): BBQ(all 3)	Steak	Kids Que

Make Checks Payable to:

**Ouachita Lionbacker Club** 

Mail to: Coach Benjy Lewis- Ouachita High School 681 LA-594 Monroe, LA 71203

## **Hold Harmless Agreement**

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1			, agree to
Ouachita High Foo agents, servants of claims, actions, d limited to attorned cost or expense in injury and/or dam	otball, Ouachita Por employees har lamages, liabilitie ys' fees, resulting lolling, but not lage to personal p	Parish School Emless from an es and expense from or conn limited to, any oroperty which eve named act	Parish High School, Board, or any of their dagainst any and ales, including but not ected with any loss, loss of life, personal arise out of or is in ivity or use of the
dangerous and others around n Cook-Off or at any pursue legal action The terms and con accepted. The un	I I will exercise cany cooking station time throughout on against any of aditions here in a dersigned person	are to avoid inj n and, • If I am the duration of the Event Prop bove expresse n hereby certif representative	open flame can be ury to myself and injured during the of the event I will not noters or Sponsors. It are approved and ies that he/she is and of the requesting
Signature: Address:		Date:_	<del></del>
Addi 633 Citv:	State:		