

BBQ Throwdown & Jam BBQ Judges Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Are you KCBS Certified? _____ Yes (# _____) _____ No

If Yes, how many KCBS contests have you judged? _____

Are you a Certified Table Captain? _____ Yes _____ No

I do solemnly swear to objectively and subjectively evaluate each Barbeque meat that is presented to my eyes, my nose, my hands and my palate. I accept my duty as an official BBQ Judge, so that truth, justice, excellence in Barbeque and the American Way of Life may be strengthened and preserved forever.

Signed

Printed Name

Please mail completed application to:

Illinois BBQ Society
Post Office Box 924
Salem, Illinois 62881

Should you have questions, prior to the event, please feel free to contact:

Jim Reincke, Organizer
Phone: (618) 407-3300
Email: fun@thebbqthrowdown.com

Thanks again...

See you August 7th, 2010

Event Information Online @ www.TheBBQThrowdown.com