



**South Dakota BBQ Championships**  
SD State Fairgrounds, Huron, South Dakota  
1060 3rd Street SW, Huron SD 57350  
(605) 353-7354 | (605) 352-0000  
candi.briley@state.sd.us | mikayla@huronsd.com  
www.sdbbqchampionships.com

**F.A.T. Friday Chili Challenge Entry Form**  
**Friday, May 31, 2019**

*Fill out the application below and return with payment. Registration fee is \$20.00.*

**Team Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please check the appropriate category that your team will be competing under:

- Group (Business, Non-Profit)**  
 **Individual**

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**Payment Type**

Cash \_\_\_\_\_ Check# \_\_\_\_\_ Master Card \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CVV # \_\_\_\_\_

Proceeds to go to the South Dakota State Fair Foundation. **Make checks payable to:** "SD BBQ Championships." Mail to the above address.

**Waiver of Liability**

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the "SD BBQ Championships", "The South Dakota State Fair" & "Huron Chamber & Visitors Bureau" their benefactors, representatives, successors, and/or assigns, for any and all injuries suffered by me in this event. Further, I hereby grant full permission to "SD BBQ Championships", "SD State Fair" & "Huron Chamber and Visitors Bureau" and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, and any other record of this event for any legitimate purpose.

**Signature of Chief Cook** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If under 18 years of age)

**Office use only:**

**Date Received:** \_\_\_\_\_

**Paid:** \_\_\_\_\_

**Name on check if applicable:** \_\_\_\_\_

**Location Received:** \_\_\_\_\_