



**OPEN TO COOK-OFF TEAMS AND GENERAL PUBLIC!**  
**3RD ANNUAL**  
**MURPHYSBORO**  
**STEAK COOK-OFF**  
**SEPTEMBER 22, 2017**

To be held during the 30th Annual Murphysboro Barbecue Cook-off

**We'll provide the steaks and a 10 x 10 cooking space.**  
**Barbecue teams will cook in their own area.**

**You'll need a grill, charcoal, cooking supplies, and seasonings.**  
**Mandatory Cook's Meeting at 5:30 p.m. with steak selection.**  
**Turn-in time is 7:30 p.m. / Awards at 9:00 p.m.**

**COOK-OFF ENTRY FEE \$150**

**\$2,100 PRIZE PURSE**

**1st \$1,000 / 2nd \$500 / 3rd \$300 / 4th \$200 / 5th \$100**

PLUS, \$250 bonus from GrillGrate® awarded to the highest placing team using GrillGrates® based on 25 teams  
QUALIFIER FOR THE WFC STEAK DIVISION & SCA CHAMPIONSHIP AT BILLY BOB'S IN FORT WORTH, TEXAS.

OFFICIAL TEAM NAME \_\_\_\_\_

CHIEF COOK \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_



I am  I am not competing in the barbecue portion of the cook-off

Any photos taken by the festival or cookoff of your team/equipment become the property of NTSC and SCA. Contestant agrees to indemnify and hold TSC or CA, its employees and volunteers harmless from any and all claims made against NTSC or SCA, including without limitation all costs liabilities judgments, expenses, damages, and attorney's fees, arising out of or in connection with (1) any structure erected by Contestant (2) any apparatus, equipment or personal property used by Contestant (3) any act or omission to act of Contestant, its agents, invitees, participants, representatives, employees, servants and agents (4) any claims made on account or resulting from Contestant's participation in the contest.

I agree to abide by all Rules and Regulations of the Praise the Lard Murphysboro Steak Cook-off.

Chief Cook Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT METHOD** *(please select one)*

**Check Enclosed** *(payable to Murphysboro BBQ Cook-off)*

**Credit Card**               

**NAME ON CARD** \_\_\_\_\_

**CARD NUMBER** \_\_\_\_\_ **EXPIRATION DATE** \_\_\_\_\_ **SECURITY CODE** \_\_\_\_\_

**BILLING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TOTAL AMOUNT TO CHARGE TO CARD \$** \_\_\_\_\_

Return this form to **Murphysboro BBQ Cook-off**  
P.O. Box 382 ▪ Murphysboro, IL 62966  
sammi@17bbq.com ▪ Questions, please call 618-684-8902

