



Ribs Cook-Off Booth Application Friday, July 17, 2009

College Football Hall of Fame
111 South St. Joseph Street
South Bend, IN 46601
Phone: (574) 235-5520 Fax: (574) 235-5720

Contact Person: _____

Company Name: _____ Team Name: _____

Address: _____ City _____ (if different) ST _____ ZIP _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Please describe your style: (wet mop /dry rub, Tennessee, North Carolina, etc.)

Cost of Rental Space:

(Rental Space includes tent, tables, health department fees, washing stations, and KCBS fees)

*Total cooking space of 20x30 provided to all professional teams- if more space is needed, additional fees may apply

Professional Team: Restaurant/Catering (16x16 Tent)	\$350.00	_____
Professional Team (16x16 Tent)	\$250.00	_____
Amateur Team (10x10 Tent)	\$150.00	_____

**KCBS members receive a \$20.00 discount off their rental fee KCBS Member _____

Vendor Electrical Information: 1 110V/20A receptacle will be provided by CFHOF. Any additional hook ups will incur an extra cost. Please contact Jean at 574.235.5520, if extra electrical is needed.

WAIVER

In consideration of the foregoing and for participation in the 2009 CFHOF Enshrinement Festival, I, for myself, my heirs, my personal representatives, and/or my successors, generally waive and release all claims for damage for injury to my person and/or my property, whether the claims are legal or equitable, I may have against the CFHOF and the City of South Bend, IN, which may arise as a result of my participation in the 2009 CFHOF Enshrinement Festival. I agree to hold CFHOF and the City of South Bend harmless as the same. I agree that there are no refunds given for inclement weather.

Signature Date



2009 Ribs Cook Off is sanctioned by the KCBS

Payment must accompany this order form. We accept Visa or Master Card, or make checks payable to:

College Football Hall of Fame
Attn: Ribs Cook Off
111 South St. Joseph St.
South Bend, IN 46601

Credit Card Type (Circle): Visa Master Card

Credit Card Number: _____

Expiration Date: _____

Signature: _____