OTICCC Annual Bob Roberts Memorial BBQ Cook-off - "Friday Behind The Store"
(Please print) Only one cook per entry from. Year _____

Team Name: (optional)_____

Cooks Name:_____ **Email:**_____

Address:_____ **Cell #:**_____

City:_____ **State:**_____ **Zip:**_____

BBQ fees **Other Categories fees:**

_____$50 Brisket **_____ $10 Beans** **Make checks payable to: OTICCC**
_____$50 Chicken **_____ $10 Black-eyed Peas**
_____$50 Ribs **_____ $10 Salsa** **Total Fees Paid $_____**

Circle one: Paid by Check Paid Cash

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