

Big T Memorial Cook-Off 2020
Kids Cook-Off Challenge Entry Form

Participant's Name: _____ Date of birth: ___/___/___

Age Division (circle one): 6-12 year olds 13-17 year olds

Mailing Address: _____

Parents name: _____

Parent's Phone number (Where you can be reached during event): _____

Parents Email: _____

I certify that I am the parent/legal guardian of the above-named minor child, and that I give my permission for him/her to participate in the cooking event. I assume full responsibility for my child and his/her actions during the cooking event, and I release and hold harmless all board members and staff of Golden Circle Special Needs Association and Big T Memorial Cook-Off from any liability arising from participation in the cooking event. I also give permission for the below-named adult mentor (if applicable) to be responsible for my child if I am not present during the event.

Parent/Guardian PRINTED NAME: _____

Parent/Gaurdian Signature: _____

COMPLETE BELOW ONLY IF PARENT/GUARDIAN WILL NOT BE PRESENT DURING THE COOKING EVENT:

Adult Mentor Name: (different from parent): _____

THIS PERSON (IF DIFFERENT FROM PARENT) MUST BE PRESENT AT THE COOK SITE FOR THE ENTIRE CONTEST! NO EXCEPTIONS!!

Mentor's Phone Number:

(Where you can be reached during the event): _____

I certify that, by signing this form, I am over the age of 18 and that I agree to be responsible for the above named minor child and his/her actions during the cooking event.

Mentor Signature: _____

*****For GCSNA Board Member use only*****

Date Form Received: _____ Check-In time(day of): _____

Paid (circle one): CASH CHECK# _____ CARD Authorized initials: _____