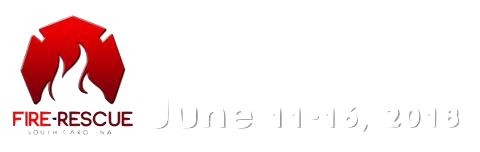
**Fire-Rescue  
BBQ Registration Form**

Name:

Address:

Email Address:

Cell:

Fire Department Affiliation (required):

🗆 Active 🗆 Retired 🗆 Career 🗆 Volunteer

NO PROFESSIONAL TEAMS ALLOWED! **If found you have a professional on your team, you will be disqualified and not eligible for a prize.**

Team Name:

Head Cook Name:

Assistant 1

Assistant 2

Assistant 3

A $50.00 check deposit is required with your registration. Please send all registrations to:

SCSFA – BBQ Competition

Attn: Ashley Boltin

PO BOX 211725

Columbia, SC 29210