



# 1st ANNUAL Ten-24 Pitmaster Classic

Friday and Saturday, November 3-4, 2023-Putnam County Fairgrounds

118 Fairgrounds Rd., East Palatka, FL 32131  
ten24pitmaster@gmail.com 386.329.0814  
www.ten24pitmaster.com



## ANCILLARY CONTEST REGISTRATION

Pro Teams **SHOULD NOT** use this form. Pro Teams should register using Cook Team Registration Form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Cook Site Size: 20' x 40'

Please mark the contest(s) you plan to participate in while at the event.

**1) Anything Butt (\$30 per category)-Friday, November 3rd** (Registration allowed through Friday, November 3rd)

\_\_\_\_ Chicken Wings      \_\_\_\_ Seafood      \_\_\_\_ Dessert

**2) People's Choice (\$30 per team)-Saturday, November 4th**

(People's Choice is **ONLY** open to Pro Teams and First Responder Teams. Meat will be provided. MUST register by Friday, OCTOBER 20th.)

**TOTAL DUE:** \_\_\_\_\_

PAYMENT CAN BE MADE BY CHECK PAYABLE TO TEN-24 FOUNDATION AND MAILED ALONG WITH THIS FORM TO:

Ten-24 Foundation, 130 Ori Griffin Blvd., Palatka, FL 32177

**OR** PAYPAL (Ten-24 Foundation). IF PAYING WITH PAYPAL, VENDOR FORMS SHOULD BE EMAILED TO ten24pitmaster@gmail.com THE SAME DAY PAYMENT IS SUBMITTED ELECTRONICALLY.

### WAIVER AND RELEASE

(**MUST** be signed by **ALL** team members)

I, by signing below, hereby for myself and my heirs, executors, administrators, and assignees agree to release and hold harmless Putnam County Law Enforcement Benefit Foundation, Inc. d/b/a Ten-24 Foundation, Putnam County Fairgrounds, Putnam County Sheriff's Office, Putnam County BOCC, The Florida BBQ Association and all of the Ten-24 Pitmaster Classic Competition (hereinafter referred to as the "Event") sponsors, and any of the above-mentioned affiliates, volunteers, agents, and employees from ALL liability for any illnesses and/or injuries that may result, directly or indirectly, from my negligence or conduct in the Event and/or from the negligence of the Event. I fully understand that by participating in the Event, accidents, illness, or injury may occur. I acknowledge sole and total responsibility for my participation in the Event. I understand this Waiver and Release is binding upon me and I agree to abide by all rules and regulations set forth by the Event and the Florida BBQ Association, and all food handling and food service requirements set forth by the State of Florida and Putnam County. I also consent and grant permission to use my personal and/or team name, photographs, video, voice recordings and/or likenesses for the pre and post Event publicity.

I have read this Waiver and Release for this Event and I consent and agree to the terms provided.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date