



STARS Rib Cook Off Registration Form

Griller or Team Name: _____ Lot #: _____

Phone #: _____ Email: _____

Entry Fee: \$50 Paid:

Registration: Grillers must be registered by August 28th.

Award: Winning team will be awarded a portion of the proceeds from the event and will have their name added to the Plaque.

Cook Info:

- 8 Team limit
- Ribs will be provided by the STARS Club
- Pick up ribs on Thursday, Sept 2nd
- Each team will receive 6 slabs
- Each team must be ready to serve ribs by 5pm
- Warming trays will be provided at the Clubhouse

Cooking Rules:

Ribs will be provided to the teams by the STARS Club. Prep ribs off-site.

Each team must supply their own ingredients, tools, and any other materials needed. Ribs can be cooked in the Clubhouse area using either your own grill/smoker, the grills in the Clubhouse area (if available), or the large RRA charcoal grill which will be available for cooking or warming.

- Each team will have a station in the Clubhouse for serving
- 3 Predetermined Judges will vote for Winner

I do hereby agree to be a cook for the 2nd STARS Club Rib Cook-Off to be held on Saturday, Sept 4, 2021 at the RomeRock Association Clubhouse. I acknowledge that I will pick up 6 slabs of ribs that will be provided by the STARS Club on Thursday, Sept 2, 2021 at the time and place designated by the Club. I agree that I will prepare the ribs that will be provided and will have the ribs cooked and ready to serve by 5pm on Sept 4th at the Clubhouse. It is my wish to participate in this Rib Cook-off. I understand, appreciate, and acknowledge that property damage and injuries are common to such events. I fully assume the risk of such property damage and injuries, and I participate in this voluntarily and with my full knowledge of the inherent risks.

By signing this document, the contestant agrees to abide by all rules and regulations set forth or established by the STARS Club. If competing as a team, each member must sign.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Make checks payable to STARS Club. Entry form and payment may be dropped off or mailed to RRA Office. PO Box 8, Rome, OH 44085.