

JUDGES APPLICATION

Date: _____

DEADLINE TO SUBMIT JUDGE APPLICATION: _____

Judging will occur Saturday _____

Please Print;

Name: _____

Address _____

City: _____

State: _____ Zip: Code: _____

Work Phone: () _____

Cell: () _____

Email _____

Are you a Current KCBS Judge? _____

KCBS Judge Number _____

Your KCBS membership must be current on contest date to be seated as a judge.

Expiration Date: _____ KCBS Membership number _____

Are you a Master Judge? YES _____ NO _____

Are you a Certified Table Captain? YES _____ NO _____

Are you willing to serve as Table Captain? YES _____ NO _____

Are you willing to serve in the Turn-In Area? YES _____ NO _____

Are you willing to judge Amateur/Backyard? YES, _____ NO _____

Are you a first-time judge? YES _____ NO _____

How many KCBS contests did you judge in Current and Last year? _____ Thanks for your interest in _____
_____ BBQ.

Please note: Filling out an application does not assure you of being selected as a judge. Accepted judges will be notified by email or telephone.

Mail completed application to:

Contest name: _____

Address: _____

Email _____