

HOLLAND CORN FESTIVAL BBQ ENTRY FORM

BBQ TEAM INFORMATION (please print or type)

TEAM NAME	
ADDRESS	
CITY	
STATE	
ZIP CODE	
TELEPHONE (HOME)	
TELEPHONE (CELL)	

TEAM ENTRY INFORMATION:

TEAM _____ WILL PARTICPATE IN THE FOLLOWING
CATGORIES:
BEEF CHICKEN PORK CORN _____ EXOTIC _____ BEANS

TEAM MEMBERS NAMES

Signature(s)
Date

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO:

HOLLAND CORN FESTIVAL
PO BOX 267
HOLLAND TX 76534