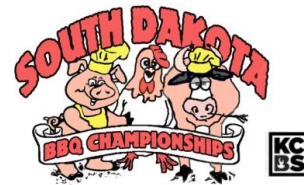




**South Dakota BBQ Championships**  
 SD State Fairgrounds, Huron, South Dakota  
 1060 3rd Street SW | (605) 353-7354  
 candi.briley@state.sd.us | laura.cross@huronsd.com  
 www.sdbbqchampionships.com



**Kansas City Barbeque Society  
 Judge's Certification School  
 Saturday, April 23, 2022**

Registration at 9:00 a.m. ~ Class begins at 10:00 a.m.  
 Registration Fee: \$110  
 Location: Nordby Exhibit Hall, SD State Fairgrounds  
**KCBS Instructor: Bunny Tuttle**

Participants must be a KCBS member to take class. If you aren't a KCBS member, go to the KCBS website and click on join now!

Registration Deadline:  
 April 14

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

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**KCBS #:** \_\_\_\_\_ (If you aren't a current KCBS member, you need to register in order to take the judging school.)

**Payment Type**

Cash \_\_\_\_\_ Check# \_\_\_\_\_

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Make checks payable to:** SD BBQ Championships

Please return entry form and \$110 registration fee to: SD State Fair, Attn: Candi Briley, 1060 3<sup>rd</sup> St. SW, Huron, SD 57350

**Waiver of Liability**

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the "SD BBQ Championships", "The South Dakota State Fair" & "Huron Chamber & Visitors Bureau" their benefactors, representatives, successors, and/or assigns, for any and all injuries suffered by me in this event. Further, I hereby grant full permission to "SD BBQ Championships", "SD State Fair" & "Huron Chamber and Visitors Bureau" and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings, and any other record of this event for any legitimate purpose.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only:**  
**Date Received:** \_\_\_\_\_ **Name on check if applicable:** \_\_\_\_\_  
**Paid:** \_\_\_\_\_ **Location Received:** \_\_\_\_\_