



Amateur Rib-Eating Contest
 Registration Form
Winner Advances to RibMania

Thursday, June 9 at 6:30 PM **ROCKS, 4138 N. Lincoln Ave.**

REGISTRANT INFORMATION

First Name ()	Last Name	Birth Date / /
Phone Number	Email (required)	
Address		
City	State	Zip

EMERGENCY CONTACT INFORMATION

First Name ()	Last Name ()	Relationship
Phone Number	Cell Number	
Address (if different from address above)		
City	State	Zip

Completed forms should be returned to Ribfest Chicago via email to Michael@BigBuzzIdeaGroup.com, fax to 847.679.6291 or mail to 3332 W. Foster Ave., #121, Chicago, IL 60625.

*All applicants must be **21 years of age or older** and fully acknowledge and understand the inherent dangers and risks associated with participating in an eating contest. The applicant further acknowledges and understands that the MLE/IFOCE coordinates with event sponsor(s) to select and approve eligible participants, and that the MLE/IFOCE shall decide, at its sole discretion, whether an applicant is eligible to participate in any eating event, and/or related activities. The MLE/IFOCE may revoke an applicant's eligibility to participate in the eating contest, or related activities, at any time, for any reason, at its sole discretion. The MLE/IFOCE and the event sponsors reserve the right, at any time, to change any and all details concerning the event, including, e.g., time, duration, location and prize structure.

*Applications will be processed on a first-come; first-served basis. The first 10 applications are accepted. The next five applications will serve as alternates and all others will be wait-listed. (Eaters must arrive **30 minutes** prior to the start or risk forfeiting their position.)

I have read the above statement and agree to comply with these terms.

Signature _____ Date _____