



OYSTER COOK-OFF REGISTRATION

Enter to compete on Saturday, November 9th, 2019

Contestant's Name: _____

Nickname: _____

Company Name/Grant Location: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Email: _____

Category: Professional Amateur

WAIVER

Please read the following agreement, sign and date.

In consideration of the opportunity offered me to participate as a contestant in the Oyster Cook-Off and Festival, I hereby knowingly, freely and voluntarily waive any right or cause of action of any kind whatsoever arising as a result of such activity from which any liability may or could occur. I hereby acknowledge and assume any and all liability and may or could occur. I hereby acknowledge and assume any and all liability and hold harmless Oyster Cook-Off Board of Directors and subsequent volunteers, City of Biloxi and all even hosts and sponsors. Participants will have no entry fee. / maximum 6 people per team. (Limited space available) **Make checks payable to Gulf Coast Oyster Cook-Off & Festival. Mail to 2422 Regency Dr. Biloxi, MS 39532.**

Contestant's Signature: _____ Date: _____

For more information call Glenn Mattina, Jr. (228)
860-5015 or Dawn Mattina (228) 348-2646 or visit
www.GulfCoastOysterCookOff.com