

OLD SMOKEY COOK-OFF 2026

TEAM ENTRY FORM

Saturday, October 17, 2026 • Bayou Vista, Texas
Registration closes Wednesday, October 14, 2026

TEAM INFORMATION

TEAM NAME	CHIEF COOK (NAME)	
MAILING ADDRESS		
CITY	STATE	ZIP
CHIEF COOK PHONE	EMAIL	

CATEGORIES ENTERED & FEES

☐ Chicken Wings	included	☐ Beef Fajitas	included
☐ Bacon Open	included	☐ Jackpot Ribeye	+ \$25

TEAM ENTRY	JACKPOT RIBEYE (IF ENTERED)	TOTAL ENCLOSED
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Team entry is \$150 and covers Chicken Wings, Beef Fajitas, and Bacon Open. Jackpot Ribeye is a separate \$25 entry. Teams must enter Chicken Wings, Beef Fajitas, and Bacon Open to be eligible for Grand Champion.

TEAM ROSTER

All team members must be 18 years of age or older. Kids Q contestants register on a separate form.

NAME	PHONE	AGE 18+

ACKNOWLEDGMENTS

- ☐ I have read the 2026 Old Smokey Cook-Off Contestant Rules and agree that my team will comply with them.
- ☐ I understand attendance at the Chief Cook's Meeting on **Thursday, October 15, 2026 at 6:00 PM** is mandatory.
- ☐ My team will have a working fire extinguisher on site.
- ☐ I am responsible for the conduct of all members and guests of my team.

RELEASE AND HOLD HARMLESS

In consideration of being permitted to participate in the 2026 Old Smokey Cook-Off, the undersigned, on behalf of the team and all of its members and guests, agrees to release, hold harmless, and indemnify the City of Bayou Vista, Texas, the Old Smokey Cook-Off Committee, and their respective officers, employees, agents, and volunteers from any and all claims, demands, damages, or causes of action for personal injury, death, or property damage arising out of participation in or attendance at the event, except to the extent caused by the gross negligence or willful misconduct of the released parties. The undersigned acknowledges that cooking with open fire, charcoal, and wood involves inherent risk, assumes that risk, and confirms that the team carries or waives its own insurance coverage at its own election.

CHIEF COOK SIGNATURE	DATE	PRINTED NAME
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FOR CITY HALL USE ONLY

TOTAL PAID	CASH / CHECK # / CARD	RECEIPT #	DATE RECEIVED
TEAM #	SPOT ASSIGNMENT	CONTAINERS ISSUED	RECEIVED BY

OLD SMOKEY COOK-OFF 2026

KIDS Q ENTRY FORM

Saturday, October 17, 2026 • Bayou Vista, Texas
Registration closes Wednesday, October 14, 2026

One form per contestant. Entry is \$20. Each division is limited to ten (10) contestants and is capped separately. Entries are accepted in the order received; a division closes when it reaches ten contestants or at the October 14 deadline, whichever comes first.

CONTESTANT

CONTESTANT NAME	DATE OF BIRTH	AGE ON EVENT DAY
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Division ☐ Junior — ages 6–10 ☐ Senior — ages 11–15

Age is determined as of the day of the event.

PARENT OR GUARDIAN

PARENT / GUARDIAN NAME	RELATIONSHIP TO CONTESTANT
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MAILING ADDRESS

CITY	STATE	ZIP
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PHONE	EMAIL
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COOKING AT TEAM / SPOT (IF APPLICABLE)	EMERGENCY CONTACT & PHONE
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PARENT OR GUARDIAN ACKNOWLEDGMENTS

- ☐ I have read the Kids Q rules and agree that my child will comply with them.
- ☐ I understand the Committee supplies two (2) pork chops per contestant at check-in, and that no substitute protein is permitted.
- ☐ I understand an adult may light and tend the fire, but all seasoning, cooking, and turn-in must be done by the contestant.
- ☐ I will be present in the cooking area at all times while my child is competing.
- ☐ I understand turn-in is 2:30 PM – 2:45 PM and awards are at approximately 5:00 PM.

PARENTAL CONSENT, RELEASE, AND HOLD HARMLESS

I am the parent or legal guardian of the contestant named above and I consent to their participation in the Kids Q division of the 2026 Old Smokey Cook-Off. I acknowledge that cooking with open fire, charcoal, and wood involves inherent risk, and I assume that risk on behalf of myself and the contestant. I agree to release, hold harmless, and indemnify the City of Bayou Vista, Texas, the Old Smokey Cook-Off Committee, and their respective officers, employees, agents, and volunteers from any and all claims, demands, damages, or causes of action for personal injury, death, or property damage arising out of participation in or attendance at the event, except to the extent caused by the gross negligence or willful misconduct of the released parties. I further authorize the Committee to obtain emergency medical treatment for the contestant if I cannot be reached.

- ☐ I grant permission for photographs or video of the contestant taken at the event to be used by the City of Bayou Vista and the Cook-Off Committee for event promotion. (Optional — leave blank to decline.)

PARENT / GUARDIAN SIGNATURE	DATE	PRINTED NAME
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FOR CITY HALL USE ONLY

AMOUNT PAID (\$20)	CASH / CHECK # / CARD	RECEIPT #	DATE RECEIVED
DIVISION SLOT # (OF 10)	CONTESTANT #	CONTAINER / CHOPS ISSUED	RECEIVED BY