



2026 BBQ COMPETITOR REGISTRATION FORM

The 1st annual BBQ Festival & Competition takes place on Saturday June 20th, 2026, at the Aladdin Shrine – 1801 Gateway Circle, Grove City, OH 43123. This is where bragging rights are earned. Join local and state pitmasters for this one-day event over Father’s Day Weekend!

- Two meats will be judged in this contest: Pork Ribs & Pulled Pork
- Teams may compete in one or both categories.
- Competitors must purchase & provide their own meat.
- Competitors must furnish their own materials, tables, tents, etc.
- Electric & Water Hookups will not be provided. You must bring your own generator.
- A designated area will be provided for trash and ash disposal.
- You may arrive to the event the night before to setup & start cooking.
- KCBS 2026 Official Rules, Regulations, & Judging Procedures will be used.
- Entries shall be brought to the Judging Table at the corresponding times:
 - Pork Ribs – 12:00PM (Noon)
 - Pulled Pork – 12:30PM
- Prizes & Trophy Presentation will be at 1:30PM
- **Entry Fee: \$125.00 per team and is NON-REFUNDABLE.**
- **Make checks Payable to: Aladdin Shrine, put BBQ in memo area.**
- **Deadline to register to compete is Friday June 5th, 2026.**
- Event Contact: Clay Jones – (614) 571-6024

Team Name				
Pitmaster Name				
Pitmaster Phone				
Pitmaster Email				
Pitmaster Address				
Trailer/Booth Size				
<i>NOTE: Please be specific in the amount of space needed for your cooking setup, including your vehicle. Some spots may require the vehicle to be unhooked.</i>				
Est. Arrival Time	<input type="checkbox"/> Friday June 19 th	<input type="checkbox"/> Saturday June 20 th	TIME:	
<i>Disclaimer – No Food or Beverages are permitted to be sold on Aladdin Shrine Center Property.</i>				

PAYMENT INFORMATION:

1. Complete the attached Credit Card One-Time Charge form **---OR---**
2. Mail your check to Aladdin Shriners, ATTN: BBQ Competition, 1801 Gateway Circle, Grove City, OH 43123 **---OR---**
3. Call our office at (614) 475-2609 Monday – Friday, 8:00 am – 4:30 pm with your credit card payment

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Liability Agreement

I/WE HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released,

from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Aladdin Shrine Center and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that Aladdin Shrine Center, and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity. I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I/WE CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Printed Name

Signature

Date



One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize **ALADDIN SHRINERS** to make a one-time charge to your credit or debit card that you have provided to us below.

By signing this form, you give us permission to debit/credit your account for the amount indicated **on or after the indicated date**. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize **ALADDIN SHRINERS** to charge my
(Cardholder's Full Name)
credit or debit card account indicated below for \$ 125.00 , on _____
(Amount \$) (Date)
This payment is for the competitor's fee for entry in the Aladdin Shrine Smokin' Shrine BBQ Cook-Off .
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name: _____

Account/CC Number: _____

Expiration Date: ____ / ____ CVV: ____ Zip Code: _____

I authorize the above-named business to charge the credit or debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____
(cardholder)