

**2<sup>nd</sup> ANNUAL**  
**AHMED TEMPLE #37 SHRINERS FOUNDATION**  
**CHARITY BBQ COOK OFF**  
**Judge Application**

First Name \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: (How do we notify you?) \_\_\_\_\_

Number of BBQ contests you judged in 2015: \_\_\_\_\_

Total number of BBQ contests you've judged: \_\_\_\_\_

Certified Table Captain? \_\_\_\_\_ Certified Master Judge? \_\_\_\_\_

Last 3 BBQ contests judged:

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**You may mail or e-mail your application to:**

Art Brown  
c/o Shriners BBQ Cook Off  
P.O. Box 6553  
Tallahassee, FL 32314  
Email: [info@ahmedbbq.com](mailto:info@ahmedbbq.com)

**This is an application not your confirmation. We will notify you by email upon receipt of your application. If you are selected to be a judge, you will receive a judge confirmation email when the judges have been selected.**