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| **APPLICATION**  **MARCH 1, 2025**  **SAMMY RAY’S GUMBO COOK-OFF**  **BENEFITTING BROOKELAND FIRE DEPARTMENT** |
| **NAME OF TEAM/INDIVIDUAL:** |
| **ADDRESS:** |
| **STATE: ZIP:** |
| **PHONE: HM: Cell: Work:** |
| **CONTACT PERSON:** |
| **HOME ADDRESS:** |
| **CHILI TEAM CAPTAIN:** |
| **PHONE: ADDRESS:** |
| **GUMBO TEAM MEMBERS:** |
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| **Will you have a sponsor: Yes No**  **If yes, sponsor’s name:** |
| **I will not hold Sammy Ray’s Inc. responsible for any accident or injury or loss of property during the Gumbo Cook-Off. I have read and understand and agree to abide by the rules for the Sammy Ray’s Gumbo Cook-Off.**  **Gumbo Team Captain’s Signature:** |
| **SAMMY RAY’S OFFICE USE ONLY** |
| **Fees Paid: Date:** |