



**SATURDAY**  
**June 14, 2021, 4PM**  
*Crooked Creek*  
*Campground*  
**Gaines, PA**

**BBQ Team Registration Form**

Team Name: \_\_\_\_\_

Chief Cook: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Assistant Cooks (Max of three): \_\_\_\_\_

I have read and agree to abide by all the attached Rules and Regulations of the Smoke on the Water at Crooked Creek Campground Gaines, PA.

Chief Cook Signature: \_\_\_\_\_

Date: \_\_\_\_\_