

9<sup>th</sup> annual

Madison Ribberfest  
Judges Application Form

August 20 and 21, 2010

Name \_\_\_\_\_

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

Land-Line Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Are you a member of the K.C.B.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you certified as a Judge by K.C.B.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ KCBS# \_\_\_\_\_

Are you a member of a cooking team? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Please indicate t-shirt size: 4X \_\_\_\_ 3X \_\_\_\_ 2X \_\_\_\_ 1X \_\_\_\_ LG \_\_\_\_ M \_\_\_\_ S \_\_\_\_

Please list any major contest in which you have judged: \_\_\_\_\_

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

Please mail application or fax to:

Madison Ribberfest

601 West First Street

Madison, IN 47250

Fax: 812-273-3694