



2015 GLBBQA TEAM OF THE YEAR APPLICATION

TEAM NAME: _____

HEAD COOK: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

PHONE: _____

CELL: _____

E MAIL: _____

STATES YOU WILL

COMPETE IN:

****Select each state in which you plan on competing a minimum of 4 events**

IL _____ **IN** _____ **MI** _____

OH _____ **WI** _____

Submit completed forms to the following address:

GLBBQA ToY 2015

8475 Puma Trail

Rockford, MI 49341

Or by email: info@glbbqa.com

