

MEAT INSPECTION FORM & TRAY PICK UP

(Please Fill out completely and Print Legibly)

EVENT: _____ DATE: _____

HEAD COOK NAME: _____ Team Name _____

MAILING Address Street _____ City _____ ST & ZIP _____

Phone # _____ Email: _____

BBQ Official: CHECKED THE FOLLOWING

Chicken _____ Pork Spare Ribs _____ Brisket _____ Beans: Yes No

INSPECTORS Signature _____

PLEASE BRING THIS FORM WITH YOU TO PICK UP TRAYS

TRAY PICK UP: Hours *Friday Eve* _____ pm to _____ pm or as specified by Head Judge

picked up: Trays _____ Cups _____

HEAD COOK INITIALS: _____ LSBS Official _____

Lone Star Barbecue Society 06/09

MEAT INSPECTION FORM & TRAY PICK UP

06/09

(Please Fill out completely and Print Legibly)

EVENT: _____ DATE: _____

HEAD COOK NAME: _____ Team Name _____

MAILING Address Street _____ City _____ ST/ZIP _____

Phone # _____ Email: _____

BBQ Official: CHECKED THE FOLLOWING

Chicken _____ Pork Spare Ribs _____ Brisket _____ Beans: Yes No

INSPECTORS Signature _____

PLEASE BRING THIS FORM WITH YOU TO PICK UP TRAYS

TRAY PICK UP: Hours *Friday Eve* _____ pm to _____ pm or as specified by Head Judge

picked up: Trays _____ Cups _____

HEAD COOK INITIALS: _____ LSBS Official _____

Lone Star Barbecue Society 06/09