

CLINT DAVIS MEMORIAL COOK OFF ENTRY FORM

Team Name: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ email _____

Team Members:

1. _____

2. _____

3. _____

Select Categories:

Calf Fries ()

Pork Ribs ()

Brisket ()

Pork Butt ()

Beans ()

Side Dishes ()

Dessert ()

Chicken ()

Randy Davis
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