

RESTAURANT ENTRY FORM

Please complete the form below and fax or mail it to:
Baker Buffalo Festival "King of the Wings"
3325 Groom Road, Baker, LA 70714
Fax: (225) 775-5598 or Email: dclay@cityofbakerla.com

| I, | (Name) will be participating in |
|---|--|
| the Baker Buffalo Festival KING OF THE V | WINGS buffalo wing competition. |
| 3325 Groom Road in Baker at 11:00 a.m. on S We would like winners to come to a Baker (| g ceremony of the Festival at Baker City Park, September 24 or once the judging is completed. City Council Meeting to accept the "King of the will make sure that your picture is in the paper. |
| <u> </u> | event is to provide 20 buffalo wings made with tes, napkins, etc. More than one recipe can be |
| | anderstand that I am responsible for the setup, at having a booth is beneficial to this event. |
| Restaurant Name: | |
| Contact Name: | |
| Phone: | Fax: |
| Alternate Phone Number:_ | |
| Email Address: | |
| Signature: | |

For more information, please call: Call Dianne Clay, at the City of Baker (225) 778-0300