

Cookeville Cookoff Judges Application

Return your application by **EMAIL ONLY** to
julialee.me@gmail.com

Name: _____

Address: _____

City: _____ State: ___ Zip: _____

EMAIL: _____

Best Phone# to reach you at:

() _____ - _____ Cell() Home() Business()

KCBS Cert# _____ Certified Since - _____

Judged Here: 11__10__09__08__07__06__ Never__

Last 4 Contests where you Judged:

1) Contest _____ Date _____
City, State _____

2) Contest _____ Date _____
City, State _____

3) Contest _____ Date _____
City, State _____

4) Contest _____ Date _____
City, State _____

Place a "1" for your 1st choice and a "2" for your second choice. If you will not or cannot perform a certain roll, just leave it blank.

Judge _____ Table Captain _____