



1st Annual Bridge City Gumbo Festival Gumbo Cook-Off

Team Name: _____

1. Team Captain/Contact Person _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Additional Team Members: *(No more than four to a team)*

2. _____

3. _____

4. _____

Additional people will NOT be allowed in the teams booths.

No children or pets allowed in teams booths.

of booths/Gumbo submissions requested _____

\$100 per booth/Gumbo submission

Please may checks payable to: Bridge City Gumbo Festival

Please return form with registration fee to:

Tim & Lina Rivers

504-428-5400 or 504-327-6540

rivers1977@gmail.com

Deadline for Registration is September 26th