



## COMPETITION CLASS APPLICATION

**Saturday, October 27th starting at 5 p.m. to 10 p.m. and Sunday, October 28<sup>th</sup>, starting at 7 a.m. and ending approximately at 2:30 p.m.**

**The Grill Center at Chesapeake Spas  
Edgewater, MD**

**Cost: \$600 per person / \$400 per teammate(s) / \$250 for spouse  
(If you cook with your spouse, that person is \$400.)**

\*No Refunds. OVS will allow you to move your seat to another class or transfer to another person up to 15 days before the class. No seats will be held/guaranteed without payment and OVS accepting the application. No electronic recording devices, cameras or photos will be permitted.

**Name:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Teammate Name/Spouse:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(PREFERRED) Please PAYPAL or VENMO to:**

[ldarnell@gmail.com](mailto:ldarnell@gmail.com)

**(if using PAYPAL, choose "Send to Friends and Family in US" option)**

OR please send check or money order to:

Old Virginia Smoke  
10032 Hume Court  
Bristow, VA 20136

**Please call Luke at 703-371-8841 with any questions.**

\*In consideration of accepting this application, I, the undersigned, intending to be legally bound, hereby waive myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Old Virginia Smoke, Lucas Darnell, his representatives, successors, and assigns, for any and all injuries suffered by me in this event. My signature below acknowledges my agreement to all terms and conditions provided herein. I, the student, further agree to hold any and all information presented as a trade secret and will not publish, relay, or otherwise communicate in any form any of said information in any manner for any cause. I, the student, agree that Old Virginia Smoke may use photos or video taken by them at the school for any lawful reason it deems necessary. By signing the registration form I, the student, agree to these terms and conditions set therein.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_