Kids Q on the Hill Application

Please Print Clearly

| Cook Name | Age |
|--|--|
| Grade Sch | nool Attending |
| Address | |
| Phone number | |
| Adult helper | |
| Guardian Name (if other than Adult helper) | |
| Team Name (if with one) | |
| We will not accept any applica | tions after Monday, September 10 th . |
| and turned in at the designate | bered box provided by the Kids contest d time stated at the meeting with the 5 minute after time window. Please read ctions/rules and Sign below. |
| Cook's Signature | |
| Guardian &/or Adult helper's S | Signature |

Please mail application and \$25 entry Fee to:

Larry Pratt

1305 Colony Drive

Kearney, MO 64060