



Dillon Montana Community Foundation
406-925-2438 ~ dillonmtcf@gmail.com ~ PO Box 723, Dillon, MT 59725

Dillon Days Blowin' Smoke Barbecue Cook Off, July 3-4, 2026

Team _____

Name of Payee for Payout _____

Address _____

City _____ State _____ Zip _____

Head Cook (Main Contact) Name _____

Email _____ Phone _____

Assistant Cook (Second contact) Name _____

Email _____ Phone _____

BBQ Competition Entry fee \$200.00 for all categories or \$50.00 per each single category

Make checks payable to: DMCF Mail to PO Box 723, Dillon, MT 59725

To use a credit card text 406-925-2438 to make arrangements or pay online at dmcf.info

- Check all categories entering. Total points determine the GRAND and RESERVE CHAMPION.

Chicken Pork Pork Ribs Beef Brisket ALL MEATS must be from a USDA approved source.

Teams are not official until payment and a completed W-9 have been received.

Completed W-9's must be attached and must match payee name above to be considered valid.

NO REFUNDS AFTER 5pm on May 31, 2026.

I will sample vend: Yes No

Vending will take place Friday, July 3rd, 5:00 p.m. and Saturday, July 4th, 11:00 a.m.

Vendors must pay an additional \$150 fee. Vendors set menu and prices and keep all proceeds from sales.

Space Size needed: Size of Vehicle and Trailer _____
Generators are allowed.

I have read the Dillon Days Blowin' Smoke BBQ Cook-Off Rules and Guidelines, and Judging Procedures. I agree to follow all cooking/holding/sanitary procedures. The Dillon Montana Community Foundation is not responsible for any theft, damage, or bodily injury of any kind. Pets are not allowed by competitors in the competition/event area.

Waiver of Liability: In consideration of the Dillon Montana Community Foundation accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Dillon Montana Community Foundation, all sponsors, their representatives, successors and assigns for any and all injuries suffered by me or any member of my Team during the course of this event. Further, I hereby grant full permission to the Dillon Days BBQ Cook-Off/ Dillon Montana Community Foundation, and/or agents authorized by them, to use any images, recordings and any other record of this event for any legitimate purpose.

I, the undersigned, agree to and accept all the terms, conditions, rules and regulations, on behalf of myself/team.

Signature _____ Date _____

The Dillon Days Blowin' Smoke BBQ Cook-Off reserves the right to limit or refuse entries.

Official use only: Date Received _____ Payment type _____ Amount Received \$_____

Entry Deadline is May 31, 2026