

# ROASTING IN THE ROO CAMP OVEN COOK OFF TEAM REGISTRATIONS



This information is required for each team member who enters the competition

**TEAM NAME:** \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_  
please circle      Shed hand (beginner)      Shearer's Cook (pro)

**Competitor one:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Competitor two:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Competitor three:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Competitor four:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Competitor five:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Competitor six:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_