

CBBQA Judging Workshop Registration Form

Name: _____

Date: _____

Home Address: _____

Email Address: _____

Cell Phone: _____

Home Phone: _____

NorCal Class (Clayton: 02/23/19)

SoCal Class (UC Riverside: 01/12/19)

CBBQA member number: _____

First time student: Yes No

Returning student: Yes No

Do you have a disability and need assistance from parking to classroom? Yes No