



COOK-OFF & BAKE FIESTA 2012 FORMS

Forms Included:

Cook-Off, Bake Fiesta, Chili - Registration Forms
Chair/Table/Toilet Request
Electricity Request
Waiver Form
Permits
Alcohol Permit Request
Pre-Sale Order Form



Cook-Off Registration Form

To enter the cook-off competition and reserve your site for the 2012 Frontier Fiesta Cook-off, please complete the following information and submit this form along with the appropriate forms and fees to the Frontier Fiesta Association.

Team Name _____

Chief Cook Name _____

Contact information Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____

Email _____

Second Contact Information Name _____

Home Phone _____ Other Phone _____

Email _____

New Team Yes or No Referred by (Team) _____

Our team will be entering the following categories for 2012 Frontier Fiesta Cook-off:

- | | |
|---|--|
| <input type="checkbox"/> Beans
<input type="checkbox"/> Brisket
<input type="checkbox"/> Ribs | <input type="checkbox"/> Chili
<input type="checkbox"/> Chicken
<input type="checkbox"/> Fajitas |
|---|--|

Our team will need*:

___ site(s) security deposit X \$50.00 = _____

___ site fee X \$250.00 = _____

___ addl 20-amp circuits X \$60.00 = _____

Total payment due = _____

Make checks payable to:
University of Houston

Please write deposit check separately!

ALL Cook-Off Team forms are due no later than 5:00 p.m. on **March 1st, 2012.**
 Questions? - Contact Virginia Berens at (832) 335-4866 or at ffcookoff@uh.edu

To be completed by a Frontier Fiesta Association Board Member Only

Received By (Frontier Fiesta Association Member) _____

Date Received _____ Time Received _____

Registration Fee Check# _____ Site Fee Check Amount _____

Copy of Payment Attached (circle one) *yes* or *no*

Bake Fiesta Entry Form

To enter the 2012 Frontier Fiesta Bake-off contest, please complete the following information and submit this form along with your entry or entries to the Frontier Fiesta.

Team Name

Contact Name

Address

City

State

Zip

Home Phone

Work Phone

Email

I am entering the following categories in the Bake-off contest:

Category	Entry Title (e.g. Jane Doe's Famous Raisin Nut Bread)
Cakes	
Pies	
Cookies	
Specialty Desserts	

ALL Cook-Off Team forms are due no later than 5:00 p.m. on **March 1st, 2012.**

Questions? - Contact Virginia Berens at (832) 335-4866 or at ffcookoff@uh.edu

To be completed by Frontier Fiesta Association member

Received by (Frontier Fiesta Association Board Member) _____

Date Received _____ Time _____

Received _____



3rd Annual FRONTIER FIESTA CHILI COOK OFF

Presented by the
Houston Livestock Show and Rodeo™
& Houston General Go Texan Committee

Saturday, March 24, 2012
Robertson Stadium
University of Houston Campus

**Limited Spaces
Available!**

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""D9CD@9Ñ7< C=79"**

**Limited Spaces
Available!**

Registration Form
Space size 20' x 20'

Name: _____

Head Cook: _____

Address: _____

City _____ State: _____ ZIP: _____

Phone: _____ Work: _____

E-mail: _____

***7cc_`CZHYUa `Chili \$) \$.00 (Must enter for each space)

Payment must accompany entry form. Make check payable to: University of Houston.
Mail registration form and check to Virginia Berens, 51 University Center, Houston, TX 77204-3031

For more information
Donald Alyea 713-408-8302 e-mail: alvea@sbcglobal.net or
Virginia Berens 832-335-4866 e-mail: ffcookoff@uh.edu

Chair, Table, and Portable Toilet Rental Form

The Frontier Fiesta Association has folding chairs and six-foot tables available for rent. To reserve chairs and tables through the Frontier Fiesta Association, complete the following reservation form and submit it along with payment to the Frontier Fiesta Association.

Group or Organization _____

Contact Person # _____

Phone Number _____

Cell Phone# _____

Email _____

# of Chairs Requested	Cost per Chair	Total Cost
	x \$1.75	=

# of Tables Requested	Cost per Table	Total Cost
	x \$11.00	=

# of Portable Toilets Requested	Cost per toilet	Total Cost
	x \$100.00	=

# of Portable Toilets Requested	Cost per toilet (handicapped)	Total Cost
	x \$150.00	=

Total Charge
=

Enclosed is a check for \$_____ for the amount of chairs, tables, and toilets requested.

Checks must be made payable to: *University of Houston*

Reserved chairs, tables, and portable toilets will be delivered beginning on Thursday, **March 22, 2012**. Chairs and tables **must be returned** to the Museum no later than 5:00 pm on Sunday, **March 25, 2012**. Groups which fail to return chairs and tables to the Museum by 5:00 pm on Sunday, **March 25, 2012**, may lose their site security deposit. **The replacement cost of any unreturned or damaged items will be the responsibility of the renting organization.** _____ *initials*

Chair, Table, and Toilet Reservation Deadline is **March 1, 2012**.
Questions? - Contact Virginia Berens at (832) 335-4866 or at ffcookoff@uh.edu

To be completed by Frontier Fiesta Association member

Received by (Frontier Fiesta Association Board Member) _____

Date Received _____ Time _____

Received _____

Check Number _____ Check Amount _____

Copy of Payment Attached _____

Waiver Form

Theft/Damage:

The Frontier Fiesta Association and the University of Houston will not assume any responsibility for the safety and security of any property brought onto the Fiesta City site before, during or after the event. Damage or theft to any property brought onto the Fiesta City Site shall be the sole responsibility of the organization or individual responsible for bringing the property onto the site. One form needs to be completed for each group.

Liability:

The Frontier Fiesta Association and the University of Houston will not assume any responsibility for the safety of any person on the Fiesta City site before, during or after the event. Harm to any person on the Fiesta City Site shall be the sole responsibility of the organization or individual. One form needs to be completed for each group.

Group Name

Group Representative Name (please print)

Group Representative Signature

Date

Frontier Fiesta Association Chairman

Date

Deadline for this Waiver Form is **March 1, by 5 pm** .
Questions? - Contact Virginia Berens at (832) 335-4866 or at ffcookoff@uh.edu

To be completed by Frontier Fiesta Association member
Received by (Frontier Fiesta Association Board Member) _____
Date Received _____ Time _____
Received _____

UNIVERSITY OF HOUSTON
Department of Public Safety
Fire Marshal's Office
3869 Wheeler Rm 107
Houston, TX 77204-6191
Main (713)743-1635 Fax (713)743-5169

Group Information:

Group Name: _____

Contact Person: _____

Group Address: _____

Telephone Number: _____

Alternate Telephone (Cell): _____ Fax Number: _____

Permits (Check all that apply):

Food

Flame

Tent

Event Information:

Name of Event: _____

Location of Event: _____

Date of Event: _____ Time: _____ to _____

Agreements: (Initial by each statement)

_____ *I have read the Policy on Tents and understand the information and agree to abide by the policy set forth. I further understand that all Tent Permits are subject to inspection and possible corrective action.*

_____ *I understand and agree to abide by the procedures and guidelines which address the usage of the open flame permit.*

_____ *I have read, understand and agree to abide by the policies, procedures, and guidelines which address the usage of the temporary food dealers permit.*

RESPONSIBLE PARTY SIGNATURE: _____ DATE: _____

Food:

List of Food Items to be served: _____

Where will the food be prepared: _____ By whom: _____

Where will the food be stored: _____ How: _____

How will all the trash and waste be disposed of: _____

Will the food require the use of an open grill, bar-b-que pit, sterno, or similar fuel? ____yes ____no

Initial that you will have the following equipment:

_____ Thermometer

_____ Protective Wear

_____ Hand Sanitizer

_____ Water Container / Sanitizing Container / Soap & Water

Flame:

Proposed Open Flame Device: _____

- **Permit must be posted on-site, or remain at the location with a responsible party during the time of the event.**
 - **If the permit involves cooking, all adjacent areas to which sparks or heat might spread must be at least 25 feet away from combustible structures, and inspected at least 30 minutes after the event is over.**
 - **FMO fire extinguishers must be returned after the event is over, or the following business day.**
 - **In the event of a fire or other emergency, dial 911, or contact UHPD dispatch at 713-743-0600, or the Fire Marshal's Office at 713-743-1635. Note: UHPD call boxes are located at various locations throughout campus.**
 - **All operations are subject to inspection and possible corrective action.**
-

Tent:

Size of Tent: _____

Tent Installation Date: _____

How will tent be secured? _____

Will there be a floor in the tent? Yes _____ No _____

Will there be any open flames used inside the tent? Yes _____ No _____

Will there be a generator used with the tent? Yes _____ No _____

How long will the tent be at this location? _____

Contractor Information:

Name of Company: _____

Address of Company: _____

Telephone Number: _____

Alternate Telephone (Cell): _____ Fax Number: _____

University of Houston

Registration of Alcoholic Beverage Distribution

Dean of Students Office

NOTE: This form must be completed and returned to the Dean of Students Office (University Center, Room 252) *at least fifteen (15) business days in advance of the event* for which alcohol is being served in order to give adequate time for processing.

1. Date form submitted _____

2. Name of individual, organization, department registering alcohol use

Affiliation (please check)

- Student organization. Advisor's name _____
Is this a registered student organization with the Department of Campus Activities? Yes No
- University department/entity. Vice President/Dean/Chairperson/Manager _____
- Not affiliated with the University (off-campus individual or group)

3. Name and description of function at which you are serving alcoholic beverages

Frontier Fiesta Cook-Off/Chili Site

4. Weekday Th/Fr/Sat Calendar date 3/22-3/24 Starting time Th/Fr 5pm Sat 9am Time ending Th 11pm Fr/Sat 12am

5. Location of Event Parking Lot 12A and 12B University of Houston

a. Has this location been reserved through the UC Reservations Office?

- Yes No Not applicable

b. Has an alternate location been arranged in case of rain?

- Yes No Not applicable

If yes, what location? _____

6. Expected attendance (#) _____ (**NOTE:** The University may require that you have University police officers present, at your expense, at events where alcohol is served. Factors to be considered include expected attendance, amount of alcohol to be served, and group's previous events. University of Houston Police Department needs to be contacted *at least fifteen (15) business days* in advance of the event.)

7. To whom is the event open? (please check)

- members of the organization/entity serving the alcohol
- members and their invited guests
- the public in general
- the University community in general
- other target population (please describe)

8. Will persons under lawful drinking age be permitted to attend this event? Yes No
What provisions have you made for ensuring that no alcoholic beverages will be served to/consumed by persons under age?

carding at serving area

Carders 1. _____ 2. _____

carding at door/stamping hands of legal drinkers

having legal drinkers wear wristbands

other Wristbands will be given to people of age at the Frontier Fiesta Gates

9. What alcoholic beverages will be served?

beer

wine

distilled spirits

mixed drinks

other _____

What quantity will be served? _____

Servers 1. _____ 2. _____

10a. Admission charge (if any) None

10b. Will any portion of the admission charge (if applicable) be used to pay for any portion of the cost for the alcoholic beverages? Yes No

11. Will all alcoholic beverages be available at no charge? Yes No

If no, identify the holder of a valid alcoholic beverage license/permit.

License/Permit #: _____ Name of holder: Aramark

Attach photocopy of license/permit if using off-campus catering service.

12. Will non-alcoholic soft-drinks be available? Yes No

If yes, list Coke Products, Water

Will there be a charge for these? Yes No

13. Will food items be available? Yes No

If yes, list Various options

Will there be a charge for these? Yes No

14. Your name _____

Position/title _____ Telephone # _____

Your Address _____

15. UH Faculty/Staff Advisor, Dean or Chairperson name: N/A

UH Address: _____ UH extension #: _____

Will advisor, dean or chairperson named above be attending the event for which this registration is submitted? Yes No

I agree to comply with federal, state, and local laws regarding the distribution, possession, and consumption of alcoholic beverages. I have been given a copy of the UH alcohol beverage distribution policy and regulations, and I will make sure that they are enforced. I will have a signed copy of this Registration of Alcoholic Beverage Distribution Form available at the event as proof that it was obtained. I understand that information submitted herein will be relied upon by the UH Dean of Students Office to determine if distribution procedures are being followed. I certify that the information in this registration form is complete and correct. I understand that the submission of false information and/or failure to follow federal, state, and local laws and university policies and procedures are grounds for appropriate disciplinary action. I understand that the Dean of Students' or designate's signature is not confirming room reservation or police request. These must be done separately. I do understand the signature simply reflects an acknowledgement that alcohol is being served according to UH Policy. The University accepts no liability.

Signature of person submitting
request

Date

Dean of Students Office Use Only

_____ Registration Accepted

_____ Registration Rejected

_____ Police Coverage Required

_____ Police Coverage Waived

(See attached Police Request Form)

Additional Restrictions: _____

Date _____ Dean of Students Designate _____

Group Contacted (date) _____ Group pick-up their copy (date)

Frontier Fiesta 2012
Cook-Off and Chili Cook-Off
Pre-Sale Order Form

Team Name: _____

Representative Name: _____

Representative Cell Phone: _____

Item	Thurs	Fri	Sat	Cost/Item	Total
Keg/Budweiser				\$115.00 PS	
Keg/Bud Light				\$115.00 PS	
Keg/Coog Brew (pre-sale only)				\$115.00 PS	
Keg/Ziegen Bock				\$115.00 PS	
Keg/Michelob Ultra				\$115.00 PS	
Keg/ Bud Light Lime				\$115.00 PS	
1/2 Keg/ Bud Light				\$95.00 PS	
1/2 Keg/ Budweiser				\$95.00 PS	
1/2 Keg/ Ziegen Bock				\$95.00 PS	
40 lb. bag of ice				\$7/bag	
Sleeve of cups				\$7/sleeve	
Total					

Payment

Amount paid at Chief Cooks' Meeting: _____

Method: Cash Amount _____

 Check Number _____ Amount _____

DEPOSITS MUST BE ON A SEPARATE CHECK:

\$45- per shell \$52- tap

\$30- per barrel

****Pre-Order Sales Ends March 1st 2012 by 5 pm.**

Questions? - Contact Virginia Berens at (832) 335-4866 or at ffcookoff@uh.edu

Beer checks made payable to Aramark – Please provide separate beer and deposit checks.