



Duck Gumbo Cookoff Entry Form

Team Name: _____

Team Captain: _____

Team Member: _____

Team Member: _____

Team Member: _____

Billing Address: _____

CITY, STATE, ZIP: _____

Contact Number: _____

PAYMENTS CAN BE MADE BY CASH OR CHECK (PAYABLE TO MALLARD MASTERS).

WCEDC
PO BOX 75
MCCRORY, AR 72101
870-201-0727

ENTRY FEE AND FORM MUST BE COMPLETED BY JANUARY 1, 2025.
FORMS CAN BE SENT TO REGINA.BURKETT@WOODRUFFCOUNTY.AR.GOV

I HAVE READ THE RULES AND REGULATIONS PROVIDED, AND I AGREE TO ABIDE BY ALL GUIDELINES SET FORTH BY THE MALLARD MASTERS. FAILURE TO ABIDE BY THE RULES WILL SUBJECT MY TEAM TO DISQUALIFICATION.

Signature _____