

# TASTING TUESDAY HOMEBREW COMPETITION

## ***Eligibility***

- ♦ Beers brewed in commercial facilities are ineligible.
- ♦ Entrant must be 21 years of age or older.
- ♦ Beers must be entered under the name of the brewer.
- ♦ Entries must be received between 9:00 AM and 5:00 PM, Monday, July 14 through Monday August 11, 2008 at the Center for the Deaf and Hard of Hearing, 10243 W. National Ave., West Allis, WI 53227. Please note: the Center is not open on Saturdays or Sundays.

## ***Entry Requirements***

- ♦ \$5.00\* per entry (Payments must be included with entries via drop-off or mail).  
Payable to: CDHH
- ♦ Only American Ale, Stout, and India Pale Ale (IPA) BJCP categories of Beer will be accepted ([www.bjcp.org/styles04/](http://www.bjcp.org/styles04/)). Any style within these 3 categories will be accepted.
- ♦ **Only 10 entries per category will be accepted due to limited time and space. Please call Aimee at 414-604-7210 or email [akelchen@cdhh.org](mailto:akelchen@cdhh.org) for an Entry Confirmation to guarantee your participation, prior to submitting any entries.**
- ♦ \*With your entry fee, you will receive \$5 off the price of admission to Tasting Tuesday, August 19, 2008. Please call 414-604-7210 to purchase your discounted ticket.
- ♦ No limit on number of entries per brewer other than - **only 1 entry per sub category.**
- ♦ The competition committee reserves the right to combine categories based on number of entries. All possible effort will be made to combine similar styles. All brews in combined categories will be judged according to the style in which they were originally entered.
- ♦ If less than 10 total beers are entered, the competition will be cancelled and your entry fees and beer will be returned. Otherwise, all entries become the property of CDHH and will not be returned.
- ♦ Bottles must be free of labels or other identifying marks including formed-in-glass brands or logos. No swing tops allowed.
- ♦ **Two (2) 10-14 oz. bottles are required for each entry.** Printed crown caps must be blacked-out with a permanent marker to assure anonymity of all entries.
- ♦ One (1) entry form must be filled out and submitted for EACH entrant.

Center for the Deaf and Hard of Hearing  
10243 W. National Avenue  
West Allis, WI 53227  
414-604-2200 (V) / 888-742-7651 (TTY)  
[www.cdhh.org](http://www.cdhh.org)

# TASTING TUESDAY HOMEBREW ENTRY FORM

AHA/BJCP Sanctioned Competition Program\*

## Brewer(s) Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) (\_\_\_\_) \_\_\_\_\_ Phone (w) (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Club Name (if appropriate) \_\_\_\_\_

## Entry Information

Name of Brew \_\_\_\_\_

Category (No.) \_\_\_\_\_ Subcategory (A-F) \_\_\_\_\_

Category/Subcategory (print full names) \_\_\_\_\_

**\*This is a sanctioned competition but is also part of a fundraising event that will include both professional and "celebrity" judges. Judging will take place at the Milwaukee Ale House during the event, which lends to a less formal competition. Please sign below to acknowledge that you agree and understand the judging circumstances.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

<u>Bottle ID Tag</u>	<u>Bottle ID Tag</u>
Brewer's Name _____	Brewer's Name _____
Beer's Name _____	Beer's Name _____
Category Entered _____	Category Entered _____
Subcategory Entered _____	Subcategory Entered _____
<b>Attach one form to each bottle</b>	<b>Attach one form to each bottle</b>

**As only a limited number of entries will be accepted, please call 414-604-7210 or email [akelchen@cdhh.org](mailto:akelchen@cdhh.org) to receive an Entry Confirmation to guarantee your participation, prior to sending or dropping off your submissions.**

*Mail/Drop off Location:*

CDHH, 10243 W. National Ave., West Allis, WI 53227

Confirmed Entries will be accepted between 9:00 AM and 5:00 PM

July 14 through August 11, 2008.

Please enclose payment of \$5 per recipe entry.