

Georgia Barbecue Association
P.O. Box 2085
Perry, GA 31069

Master Judge Shadow Certification

Candidate Name: _____

Candidate GBA Number: _____

Contest Name: _____

Contest Location: _____

Contest Date: _____

I hereby certify that the above named person successfully completed all the duties assigned to them at the above named GBA contest in satisfaction of the Master Judge requirements for REP and SCORER SHADOW.

Lead GBA Contest Rep

Date