



ASCOT AWARDS

AMERICAN SPIRITS COUNCIL OF TASTERS

Barrel Pick Competition Nomination Form

Organization Name _____

City _____ State _____

Contact Person _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Taste Nominations: \$250 x _____

Total: _____

Please make a copy of each Form A (*following page*) and ship with bottles to:

*ATTN: Entry Department
ASCOT Awards
127 Pittsburg St.
Dallas, TX 75207*

Please fill out Form A for each nomination.

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Form A

Organization Name of Nominated Pick _____

Brand Name _____

Category # _____

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Form A

Organization Name of Nominated Pick _____

Brand Name _____

Category # _____

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Form A

Organization Name of Nominated Pick _____

Brand Name _____

Category # _____

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Form A

Organization Name of Nominated Pick _____

Brand Name _____

Category # _____

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