

**Chili Cook-Off ENTRY FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

(Street)

(City)

(State) (Zip code)

**PHONE NUMBER:** ( ) \_\_\_\_\_

**I.C.S. No.** \_\_\_\_\_

**I will be participating in (please mark)**

**State Cook-off Saturday July 30, 2016**

**Red Chili (\$35)** \_\_\_\_\_

**Chile Verde (\$20)** \_\_\_\_\_

**Salsa (\$15)** \_\_\_\_\_

**Make all checks payable to: Christian County Fair Chili Cook Off.**

**Signed** \_\_\_\_\_

**By signing, I agree to abide by all ICS rules/regulations.**

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