

4th Annual



Chili Cook-Off

CASI



Saturday, February 6, 2010

CASI



CONTESTANT APPLICATION FORM

Contestant Name: _____

Address: _____

City _____ State _____ Zip _____

Phone work _____ home _____ cell _____

Fax _____ Email _____

Team Name: _____

Please mark the Divisions you will be entering:

- Red Chili (Includes Salsa, People's Choice & Showmanship) \$25
 Salsa Only \$25

Showmanship Contest

- Yes, my team will be participating No, my team will not be participating

Mail completed Application form to:

Special Olympics
Chili Cook-Off
1355 Lynnfield Road • Suite 273
Memphis, TN 38119

Or email to ltaylorstn@hotmail.com or fax 901-683-1528

Make checks payable to Special Olympics