



OFFICIAL CONTESTANT APPLICATION FORM

Red Chili Salsa Chili Verde Peoples Choice (Local) Restaurant

I will bring my own tent I need space in the common area tent

I need to rent tables and chairs. A set of one table and two chairs = \$25.00. I need _____ sets

I will supply 2 gallons of chili for each of my entries per category each day in lieu of paying entry fees

I will compete in the Saturday AMCF Chili Chick Regional I will compete in the Sunday AMCF Acreage District

IF ENTERING BOTH COOK-OFFS WRITE "BOTH" ON THE COOK-OFF NAME LINE BELOW

**PLEASE MAKE CHECKS PAYABLE TO NEW BEGINNINGS EDUCATIONAL FOUNDATION, INC
MAIL TO: 7040 Seminole Pratt Whitney Rd Suite 25-24, Loxahatchee, FL 33470 or FAX TO: 561) 795-5524**

Cook-off Name _____ Date _____

Contestant Name _____

ICS Membership Number _____ Life Charter Applied for Expiration date _____

Business Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Business Phone (____) _____ Residence Phone (____) _____

Fax (____) _____ Email _____

Team Name _____
(Any use of commercial business names require prior approval of Cookoff Chairperson and/or ICS)

PLEASE MAKE CHECKS PAYABLE TO NEW BEGINNINGS EDUCATIONAL FOUNDATION, INC.

List in detail any planned activities _____

Will you be sponsored by anyone? Yes _____ No _____ If yes, fully disclose who and all details _____

The above information is correct to the best of my knowledge. I have read the International Chili Society official rules and regulations and I hereby agree to abide by such rules and regulations.

Signed _____ Date _____

Accepted By _____ Date _____
Cookoff Chairperson