

Chili Cook-Off Application



Applicant Information: *This information is required for professional and amateur applicants*

Name: _____

Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Phone: _____ Cell phone: _____

Professional Business Information:

Restaurant/Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Restaurant Health Department Number: _____

I have read and agree with the Chili Cook-Off Rules and Guidelines posted at Urbanna.com/ChiliPlunge.

Name

Date