

Date: _____

Event: _____

NAME: _____

ADDRESS: _____

CITY/ST/ZIP: _____

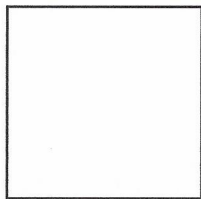
PHONE / EMAIL: _____

CHILI / SHOW NAME: _____

SHOWMANSHIP (Must cook chili in order to compete for awards.)

Yes ___ No ___

_____	\$ _____
_____	\$ _____
Chili	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____



Show Number



www.CentralTexasChili.com

TOTAL: \$ _____

Initial for Judging Cup _____