



OFFICIAL CONTESTANT APPLICATION FORM

Red Chili Salsa Chili Verde

Cookoff Name _____ Date _____

Contestant Name _____ Soc Security # _____

ICS Membership Number _____ Life Charter Applied for Date of cookoff _____

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)

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