

# 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: \_\_\_\_\_

By signing or typing my name and date into the form I declare I have read and agree with the Chili Cook-Off Rules and Guidelines posted at [Urbanna.com/ChiliPlunge](http://Urbanna.com/ChiliPlunge).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date