

Team Name: _____

Please check the categories you are entering (\$25 fee per entry.):

Green/Whit e	Freestyle	Vegetarian
are subject to change the da table. If you are cooking 3	ay of the event. If you are	e cooking 1-2 entries you
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	e cation – see next page. Ta ire subject to change the da table. If you are cooking 3 e as many lines as needed) ne: ne:	e Freestyle cation – see next page. Tables are assigned on first are subject to change the day of the event. If you are table. If you are cooking 3-4 entries you will be ass

Entry fee will be collected day of the event – CASH or CHECK ONLY. This completed form and Health Department Certificate should be returned via email to <u>reeslangspi@gmail.com</u>.

All entries must be returned no later than **noon Wednesday Feb 5, 2019**. Due to City Health Department regulations, late entries cannot be accepted.

