

PARTICIPANT ENTRY FORM \$35 per Chili Entry

| Team Name: | | | | |
|-----------------------|--|-----------------|---------------------|----------------------|
| Please check the ca | ntegories you are enterir | ng (\$35 fee pe | r entry.): | |
| □ Texas Red | □ Green/White □ | Freestyle | □ Beans | □ Gumbo |
| and all locations are | tion – see next page. T subject to change the dable. If you are cooking | day of the ever | nt. If you are cool | king 1-2 entries you |
| Cook Names (Use a | as many lines as needed | d): | | |
| Primary Chef Name | : | | | |
| Primary Chef Phone | p: | | | |
| Primary Chef Email: | | | | |
| Other Chefs: | | | | |
| | | | | |

Entry fee will be collected day of the event – CASH or CHECK PREFERRED. This completed form and Health Department Certificate should be returned via email to reeslangspi@gmail.com. All entries must be returned no later than noon Wednesday Feb 7, 2024. Due to City Health Department regulations, late entries cannot be accepted.

By submitting this form, you agree you have read and agree to comply with all rules associated with this event. All judges' and People's Choice decisions are final.

