



OFFICIAL CONTESTANT APPLICATION FORM

Red Chili Salsa Chili Verde Homestyle

Cookoff Name _____ Date _____

Contestant Name _____

ICS Membership Number _____ Life Charter Homestyle Applied for Expiration date _____

Business Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Mobile 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 or risk disqualification.

Signed _____ Date _____

Accepted By _____ Date _____
Cookoff Chairperson