34th Annual Heart of America Chili Challenge
To Benefit United Cerebral Palsy of Northwest Missouri

OFFICIAL ENTRY FORM

Name of Team _____________________________________________________________
(This is how your team will be recognized during the awards program)

Contact Person ___________________________________________________________

Email Address ___________________________________________________________

Team Members ___________________________________________________________

Telephone # ___________________________  Daytime Telephone # _________________

Address _________________________________________________________________

City __________________________  State ____________  Zip ______________

DIVISION (You must choose 1 Division)  FEE  AMOUNT DUE

☐ Amateur Division  $30  ____________

☐ Professional Division  $55  ____________

Anyone who is in food service or sells chili, chili seasoning, or supplies used to prepare chili.

CATEGORY (For an additional fee, you may also choose to compete in the Commercial Sponsor Category, the All Beef Category, or both).

☐ Commercial Sponsor Category

Select if your team will be advertising a business or organization
and would like to compete in this additional category.

$25  ____________

☐ All Beef Chili  $10  ____________

OPTIONS:  *You must select this option and pay the $10 fee if you want

☐ Choose Booth Early to choose the location of your booth  $10  ____________

Selection is based on when applications are received.
See attached map for booth locations.  Choices:  1st  2nd  3rd

☐ Additional Contest Ribbons

Each booth includes 2 contest ribbons.
Each person in booth must have a ribbon.

Quantity: ____________  (Use total from t-shirt order form)

☐ T-Shirt

Order form included on separate page.

Total Amount Enclosed ____________

Please submit completed entry form and entry fee to:  UCP, 3303 Frederick Ave., St. Joseph, MO 64506 Fax: (816) 390-8546

For more information call Teresa G. at UCP at (816) 364-3836

Make checks payable to UCP.  Please fill out information below if you prefer to use one of the following credit or debit cards:

☐ Visa  ☐ MasterCard  ☐ Discover  Exp: month/year

Card # __________________________  __________________________  __________________________  __________________________

Cardholder’s Email for Confirmation Receipt ___________________________________________________________________________

Cardholder’s Signature: ___________________________________________________________________________________________