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

OFFICIAL SPONSOR 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)

☐ Amateur Division

☐ Professional Division
   Anyone who is in food service or sells chili, chili seasoning, or supplies used to prepare chili

CATEGORY

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

☐ All Beef Chili

OPTIONS:

☐ Additional Contest Ribbon
   Each booth includes 2 contest ribbons. Each person in booth must have a ribbon.

☐ T-Shirt
   Order form included on separate page.