

UCP's Virtual 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 (Team Captain) _____

Email Address _____

Telephone # _____ Daytime Telephone # _____

Address _____

City _____ State _____ Zip _____

Team Members

Name

Email

DIVISION (You must choose 1 Division)

Amateur Division

FEE

\$30

AMOUNT DUE

Professional Division

\$55

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

All Beef Chili

\$10

T-Shirt

Order form included on separate page.

Quantity: _____

(Use total from
t-shirt order
form)

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 #

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Cardholder's Email for Confirmation Receipt _____

Cardholder's Signature: _____