

39th Annual Heart of America Chili Challenge

Sunday, March 2nd, 2025

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)

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.

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.

@ \$ 1 each

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: _____