

# 39<sup>th</sup> 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

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: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_*

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: \_\_\_\_\_