

# 39th 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.