

# 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.