



For CASI Use Only	Chili Cookoff Identification Information
Chk/M.O. # _____ Amt. _____ CCRF Rcvd. - Yes () No () - Prepaid () Date Rcvd. _____ Date Logged _____ Init. _____	Registration Number: _____ Name of Cookoff: _____ Location: _____

CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.

OFFICIAL RESULTS SHEET

CHILI WINNERS

1. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
2. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
3. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
4. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
5. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____

6. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
7. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
8. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
9. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
10. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____

SHOWMANSHIP WINNERS

1. TEAM NAME _____
 TEAM CAPTAIN _____
 ADDRESS _____
 City-State-Zip _____
2. TEAM NAME _____
 TEAM CAPTAIN _____
 ADDRESS _____
 City-State-Zip _____
3. TEAM NAME _____
 TEAM CAPTAIN _____
 ADDRESS _____
 City-State-Zip _____

CASI INFORMATION & STATISTICS

- * Cookoff Charity _____
- * Approximate Amount Raised for Charity _____
- * Approximate Crowd _____
- * Number of Chilis Judged _____

Please mail **ORIGINAL** of this completed Results Sheet along with a complete list of cooks with their addresses and a check which covers:

\$3.00 per cook (___ cooks) times \$3. =	(\$ _____)
Plus Cookoff Registration Fee =	(\$ 25.00)
TOTAL amount sent to CASI =	(\$ _____)

Mail all completed forms to: CASI Tallymaster — PO Box 727 — Batavia, IL 60510-0727

NOTE: Complete package (Results Sheet, Entrants List, and Check) must be received within one month of cookoff date for sanctioning.

Referee Name(Print): _____

Referee Signature: _____

Referee Phone #: _____