



**Sullivan Chamber &
Economic Development**
4th ANNUAL
CHILI COOK OFF
Saturday October 6th

Division Your Entering: Amateur () Professional ()

Team Name: _____
(Example: Buzzard Breath)

Head Cook: _____

Restaurant Name: _____
(If participating in the Professional Category)

Phone: _____ **Email:** _____

Address: _____

What Form of Cooking will you use?

- Gas Grill () - Propane ()
- Electric Roaster () -Other _____
- ****Crock Pots & Fire Pits Are Not Allowed****

I certify that I am the representative of the above named team and that we have read the official rules for the 4th Annual SCED Chili Cook Off and we agree to abide by them.

Date: _____ **Signature:** _____

Questions concerning this form contact Jenna Standerfer
Cell – 217 254-0047 email jennas@one-eleven.net

Return all forms to the SCED office located at
112 West Harrison, Sullivan IL. 61961
By September 28, 2007