



Sullivan Chamber & Economic Development
OKTOBERFEST/7th ANNUAL
CHILI COOK OFF
Saturday, October 16

Team Name: _____

Head Cook: _____

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 Oktoberfest/ 7th Annual SCED Chili Cook Off and we agree to abide by them.

Date: _____ Signature: _____

Questions concerning this form contact Stephanie Finney
728-4223 or info@sullivanchamber.com

Return this form as well as the Health Department form to the SCED office at
112 West Harrison, Sullivan IL 61951
By October 8, 2010