



<p>For CASI Use Only</p> <p>=====</p> <p>Chk/M.O.# _____ Amt. _____</p> <p>CCRF Rcvd. - Yes ( ) No ( ) - Prepaid ( )</p> <p>Date Rcvd. _____</p> <p>Date Logged _____ Init. _____</p>	<p>Chili Cookoff Identification Information</p> <p>=====</p> <p>Registration Number: _____</p> <p>Name of Cookoff: _____</p> <p>Location: _____</p>
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CASI – CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.

## OFFICIAL RESULTS SHEET

### CHILI WINNERS

<p>1. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>	<p>6. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>
<p>2. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>	<p>7. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>
<p>3. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>	<p>8. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>
<p>4. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>	<p>9. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>
<p>5. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>	<p>10. HEAD COOK _____</p> <p>ADDRESS _____</p> <p>City-State-Zip _____</p>

### 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 that 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 - 210 Kennedy Dr - Severna Park MD 21146-3011**

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

Referee Name (Print) _____	Referee Signature: _____	Referee Phone #: _____
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