



<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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