



For CASI Use Only

=====
 Chk/M.O.# _____ Amt. _____
 CCRF Rcvd. - Yes () No () - Prepaid ()
 Date Rcvd. _____
 Date Logged _____ Init. _____

Chili Cookoff Identification Information

=====
 Registration Number: _____
 Name of Cookoff: _____
 Location: _____

CASI – CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.

OFFICIAL RESULTS SHEET

CHILI WINNERS

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

SHOWMANSHIP WINNERS

CASI INFORMATION & STATISTICS

- 1 . T E A M N A M E _____ * C o o k o f f C h a r i t y _____
 TEAM CAPTAIN _____
 A D D R E S S _____ * A p p r o x i m a t e A m o u n t _____
 City-State-Zip _____ Raised for Charity _____
- 2 . T E A M N A M E _____ * A p p r o x i m a t e C r o w d _____
 TEAM CAPTAIN _____
 A D D R E S S _____ * N u m b e r o f C h i l i s J u d g e d _____
 City-State-Zip _____
- 3 . T E A M N A M E _____
 TEAM CAPTAIN _____
 ADDRESS City- _____
 State-Zip _____
- 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 - Saverna 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 #: _____