



CASI Cookoff Identification Information
Registration Number: _____
Name of Cookoff: _____
Date Of Cookoff: _____
Location: _____
City: _____ State: _____

CASI-CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.

OFFICIAL SHOW TEAM ENTRANTS LIST

Team Name _____
Team Captain _____
Address _____
City-State-Zip _____
CASI Entrant _____
Team Number _____

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