

COOL CRUISE
Chili Cook-Off Registration

Company Name _____

Team Name _____

Chief Chef _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-mail _____

Team Members (Total team 11 maximum, including Chief Chef)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

CHIEF CHEF SIGNATURE _____

20'x20' retail display space is requested YES____ NO____

Larger than 20'x20' display is requested YES____ NO____

Return completed form to:

Cool Cruise

P.O. Box 44

La Verne, CA 91750