



AQ - Yes   
AQ Type: \_\_\_\_\_

<b>For CASI Use Only</b> ===== Chk/M.O.# _____ Amt. _____ CCRF Rcvd. - Yes ( ) No ( ) - Prepaid ( ) Date Rcvd. _____ Date Logged _____ Init. _____	<b>Chili Cookoff Identification Information</b> ===== Date: _____ Event Number: _____ Name of Cookoff: _____ Location: _____
---	--

CASI - CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.

## OFFICIAL RESULTS SHEET

### CHILI WINNERS

- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_

- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- HEAD COOK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_

### SHOWMANSHIP WINNERS

- TEAM NAME \_\_\_\_\_  
TEAM CAPTAIN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- TEAM NAME \_\_\_\_\_  
TEAM CAPTAIN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
City-State-Zip \_\_\_\_\_
- 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:

\$4.00 per cook ( \_\_\_ ) cooks times \$4 = ( \$ \_\_\_\_\_ )  
 Plus Cookoff Registration Fee ===== ( \$ **25.00** )  
 TOTAL amount sent to CASI ===== ( \$ \_\_\_\_\_ )

Mail all completed forms to: CASI TallyMaster – 2683 Friendship Trail Apt 1305 – Clinton IA 52732-3486

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

Referee Name (Print) \_\_\_\_\_ Referee Signature: \_\_\_\_\_ Referee Phone #: \_\_\_\_\_  
 Referee Email \_\_\_\_\_