



AQ - Yes
 AQ Type: _____

For CASI Use Only ===== Chk/M.O.# _____ Amt. _____ CCRF Rcvd. - Yes () No () - Prepaid () Date Rcvd. _____ Date Logged _____ Init. _____	Chili Cookoff Identification Information ===== Date: _____ Event Number: _____ Name of Cookoff: _____ Location: _____
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CASI - CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.

OFFICIAL RESULTS SHEET

CHILI WINNERS

1. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
2. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
3. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
4. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
5. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____

6. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
7. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
8. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
9. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____
10. HEAD COOK _____
 ADDRESS _____
 City-State-Zip _____

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:

\$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 _____



Chili Cookoff Identification Information

Date: _____ Event Number: _____
Name: _____
Location: _____

CHILI APPRECIATION SOCIETY INTERNATIONAL, INC. OFFICIAL CHILI COOK ENTRANTS LIST

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
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Chili Name _____

Head Cook _____
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City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____

Head Cook _____
Address _____
City-State-Zip _____
Phone/Email _____
Chili Name _____



Chili Cookoff Identification Information

Date: _____ Event Number: _____
Name: _____
Location: _____

**CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.
OFFICIAL SHOW TEAM ENTRANTS LIST**

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

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

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

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

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

Team Name _____
Team Captain _____
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City-State-Zip _____
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Team Number _____