AQ - Yes ☐
AQ Type: _____

Check Box if New Cook or Address

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

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 _____

CASI

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

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

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

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

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

CASI

Chili Cookoff Identification Information

Date: _____ Event Number: _____

Name: _____

Location: _____

CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.

OFFICIAL SHOW TEAM ENTRANTS LIST

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