



## PCCNCF CHILI COOK-OFF REGISTRATION

**Date of Event: February 5, 2011**

**Time: 6:00 - 8:00 pm**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Brief Bio: (age, school, job, whatever -- will be used to provide info about the winners for newsletter article)

**Name of Chili:** \_\_\_\_\_

Recipe:

