



Contestant Name: _____

Team/Group Name: _____

Phone #: _____

Address: _____

Contact E-Mail: _____

Check All That Apply (\$20 Entry Fee Per Dish Entered)

Chili Name of Chili: _____

Fall Festival Name/Type of Dish: _____

I attest that the above information is correct; that I have read the Chili Cook-Off Rules and Regulations; and that I agree to abide by the same.

Contestant Signature

Date

Cook-Off Committee Member Signature

Date

Please make checks payable to: PONCCCC

Completed applications must be received by September 15, 2017

Event Occurs September 16, 2017

Drop Off At: Umpqua Bank or Wildland Properties
Mail To: Port Orford Chamber, P.O. Box 637, Port Orford, OR, 97465
Fax To: 541-366-2069
Email To: chamber@portorfordchamber.com