

Team # _____



ACS CHILI COOKOFF REGISTRATION FORM

Team _____ Individual _____

Name of Chili Entry: _____
Give Your Chili a Creative Name!

Individual/Team Leader: _____ T-shirt Size: L XL XXL

Additional Team Members (if applicable – no more than 4 members per team including leader):

1) _____ T-shirt Size: L XL XXL

2) _____ T-shirt Size: L XL XXL

3) _____ T-shirt Size: L XL XXL

Team Leader E-Mail Address: _____

Team Leader Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Unit: _____ Unit Phone #: _____

Chili Cookoff Participant Agreement

I, to include team members, have read and understand the rules outlined for the ACS Birthday Chili Cook-off. I (we) agree to provide the recipe for the chili entry upon check-in at the event and agree to it being posted on the ACS website following the event. I agree to have my set up in place by 1045 on the day of the event and will clean my area prior to leaving the event but not later than 1500.

I agree to have photos/video taken and used as part of the event publicity.

Team Leader Date

ACS Staff Member Receipt Date

Please note that employees and family members of Army Community Service and the Community Activities and Services Business Center may participate but are not eligible to win prizes.