

Chili Entry Form

\$10 Entry Fee per Chili Entered

Cook's Name: _____

Cook's Address: _____

Cook's Phone: _____

Cook's Email Address: _____

Number of Chili Recipes Entered: _____

Fee Total (Number of recipes entered x \$10): _____

Method of Payment:

AMOUNT \$ _____

- Cash
- Check payable to Country Fair
- Visa/Disc/Mast Am Express

Cardholder Name _____

Credit Card Number:

_____-_____-_____-_____-_____-_____-_____-_____-
Expires: __/__/__

Note: By Signing Below the card holder authorizes Country Fair to charge the above credit card.

Signature of cardholder

X _____ Date _____

Please Fax Form to 720-536-2248
or Drop off form to Country Fair Garden Center
Arvada at
17201 W. 64th Ave., Arvada 80007
Please Call 303-209-4394 To pay over the phone



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Cooks waiver: Upon entering this event, I acknowledge that I have read and understand the rules as displayed above and agree to abide by all these rules. I waive any and all claims I may have against Country Fair Garden Center, its employees, representatives, or any other individual firm, or organization affiliated with, resulting in my participation in the 1<sup>st</sup> annual Green Chili Cook-Off at Country Fair. I hereby grant full permission to Country Fair Garden Center to use any photographs, videos, recordings or any other record of this event for any purpose. A copy of this form will be available upon request.