



Chili Cook Off Application

Make checks payable & mail to:

Strasburg Chamber of Commerce P.O. Box 42 Strasburg, VA 22657

PLEASE PRINT

NAME/TEAM LEADER: _____

MAILING ADDRESS: _____

EMAIL: _____ PHONE: _____

TEAM NAME (NON-OFFENSIVE): _____

TEAM AFFILIATION (ORGANIZATION/BUSINESS) : _____

NAME OF TEAM MEMBERS (MAXIMUM 3):

1. _____ 2. _____ 3. _____

RECIPE NAME: _____

SPICINESS RATING: 1-5 _____

ENTRY FEE: \$20 (1 ENTRY PER TEAM) Total Amount Enclosed: \$ _____

Make checks payable to Strasburg Chamber of Commerce

Must provide your own 10x10 table (maximum size allowed)

I have read all the rules & regulations contained herein and agree to abide by them

Signature: _____

Date: _____

*By signing I/we understand that the Holiday Bazaar Committee, Strasburg Fire Department and the Strasburg Chamber of Commerce are not liable for injury to persons participating in its events or to spectators/visitors, or damage to vehicles or personal property. Further, we have reviewed the rules, regulations and policies of the Holiday Bazaar and agree, if we participate, to comply with them as prescribed and to indemnify and agree to hold the Holiday Bazaar Committee, Strasburg Chamber of Commerce, Strasburg Fire Department and the Town of Strasburg harmless from any and all liability arising from our participation in the Event.

Office Use Only

Date _____

Amt. Paid _____

√/MO# _____