

8TH ANNUAL SUPER CHILI BOWL COOK-OFF



Team Registration Form

Name of Team: _____ # in Team(2 max) _____

Name of Organization: _____

Name of Captain/Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____@_____._____

Phone: _____

Entry Fee Per Team Is \$35.00

This covers the cost of your 8x10 booth space (1 table and 2 chairs), and sign.

Please enclose your check payable to **Townsquare Media** for the team entry along with this completed registration form. Mail or drop off form at **Townsquare Media**, 1830 N. 11th Street, Bismarck, ND 58501 or fax form (for credit card payment only) to (701) 250-6632. All registrations must be received by 12 Noon on January 23rd, 2013.

For Credit Card Payment:

Card Holder's Name: _____

Card Number: _____

3 Digit Code (listed on back of card) _____ Expiration Date: _____

Total Amount: \$ _____

