

## Chili Cook-Off Entry Information

Team Name	
Street Address	
City State Zip	
Home Phone	
Mobile Phone	
E-Mail Address	

Team Captain Name	

### Team Members

1	5
2	6
3	7
4	8

## Type of Chili

Please select the category that applies to your chili and give us the name of your chili recipe.

Official Chili Entry Name:

- Mild
- Hot
- On Fire
- Vegetarian
- Low-Fat
- Other

If other, please tell us what is unique about your chili:

---

---

## Agreement and Signature

By signing below, I acknowledge my understanding of the rules as stated on page 1.

Name (printed)	
Signature	
Date	

### Person to Notify in Case of Emergency

Name	
Street Address	
City State Zip	
Home Phone	
Mobile Phone	

Liberty Kiwanis does not assume liability for injury/illness because of participation or attendance at this event. Contestants assume liability for illness due to improper food preparation, handling, cleanliness, improper storage, and/or contamination. Rules and guidelines must be adhered to by all participants.

### Questions/Concerns

Thank you for your support. Should you have any questions, feel free to contact us.

Application deadline: 11/17/2025



**Kiwaniis**<sup>®</sup>  
LIBERTY COUNTY

---