

SUPERCHARGED CHILI COOK-OFF

CHILI COOK REGISTRATION \$20

Weekend Event Details

Friday, June 25th

6:00am-Chili Cook Check-In (no later than 7:30am)

4:00pm- Vehicle Registration Begins

5:30pm- Staging for Street Cruise

7-10pm- "SUPERCHARGED Chili Cook-Off"

Saturday, June 26th

7:00am- Gates Open & Pancake Breakfast begins

2:00pm- Awards Ceremony

- Please make checks payable to "NDSC"
- Please Mail or Fax all Reg. Forms to : NDSCoalition, P.O. Box 725, Roseville, CA 95661 or 916-663-1151
- **Check-In begins at 6am Friday, June 25th @ Gold Country Fairgrounds in Auburn, CA**

Team

Name: _____

Company Name: _____ **Contact Person:** _____

Address: _____ **City:** _____ **Zip:** _____

Email: _____

Phone: _____ **Fax:** _____

Website: _____

<u>Select One</u>		<u>Doing Chili? Select One</u>		<u>Chili Categories</u>	
<input type="checkbox"/>	Chili	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Back Fire (Hot)
<input type="checkbox"/>	Cornbread	<input type="checkbox"/>	Group/Club	<input type="checkbox"/>	Starter Fluid (Spicy)
		<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Sloppy Jalopy (Vegetarian/Thick)

****For Your Safety and Ours Please No Alcohol or Pets During the Show.***

<p>Chili Cook Registration Total \$ _____</p> <p>*I can't make it, but please accept my tax deductible donation</p> <p>\$ _____</p> <p>Grand Total \$ _____</p> <p>*Note: Once fees & registration form are received a letter will be sent detailing your requirements for setting up at the event.</p>
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Rules and Regulations

Each Participant/Vendor is required to read and sign the following release of liability agreement.

In consideration of acceptance of participants/vendors to the show by execution of this vendor registration form, I hereby release the National Down Syndrome Coalition and "Cruisin' for Down Syndrome" and their members, officers, employees, or anyone else connected with this event from any known and unknown damages, injuries, losses, judgments, and/or claims from any causes whatsoever that may be suffered by anyone participating in this event, or by any spectators. I agree to allow the NDSC to place a donation box at our station and to pay any shared food permit fees that may apply. I also authorize the use by the NDSC of any photo, film, or videotape taken of me, any employee, or our vendor booth at the event for any purpose. By signing, I have read and understand this Release of Liability Agreement.

Print Name _____ Signature _____ Date _____