



OFFICIAL ENTRY FORM LoneStarCon2 Chili Cook-off

Please fill out this form and return it to the address below by May 1, 1997.

Category: CASI Fun Chili Professional (Restaurant/Hotel)

Name of Contact Person

Name or Theme of your chili

Address

City

State/Province

Zip/Postal Code

Country

e-mail address

Telephone

Number of Participants (There is no limit, please use the back of this card if you need more room to list their names.)

Name

Membership Number

Name

Membership Number

Name

Membership Number

Name

Membership Number

Name

Membership Number

Name

Membership Number

Mail your entry to: Judith Ward, 6602 Spring Rose, San Antonio, Texas 78249