



OFFICIAL CONTESTANT APPLICATION

Saint John, New Brunswick, Sept. 2, 2011
www.chilionthebeach.ca

Contestant Name: _____ Date: _____

Business Address: _____

Home Address: _____

Business Phone: (____) _____ Fax: (____) _____

Email: _____ Residence Phone: (____) _____

Team Name: _____

List in detail any planned activities: _____

Will you be sponsored by anyone? Yes No

If yes, fully disclose who and all details. _____

The above information is correct to the best of my knowledge. I have read the International Chili Society official rules and regulations and I hereby agree to abide by such rules and regulations.



Signed

Accepted By Cook-off chairperson

Date

Date

Please mail, drop off or fax registrations to: The Family Resource Centre (S.J.) Inc.
211 Wentworth Street Saint John, New Brunswick E2L 2T4 Fax: (506) 633-7417