



REGISTRATION FORM

for the First Ever

Wild West Chili Cook-Off

August 4, 2006

Main Street, Dexter

Please write

1. Your name: _____

2. Phone #: _____

3. Town of residence: _____

1. I agree to bring my chili entry to the Dexter Internal medicine table by 1:30 Friday August 4.
2. I will provide my chili in a crock pot.
3. I will not hold Dexter Internal Medicine or its employees responsible for loss or theft of my belongings.
4. I agree to pay the \$10.00 entry fee by August 3, 2006
5. I will be present for the announcement of the contest winners at 5pm and will collect my belongings and leftover chili at that time.

Signed _____ Date _____

Paid _____