



<b>Chili Cookoff Identification Information</b>	
Date: _____	Event Number: _____
Name: _____	
Location: _____	

**CHILI APPRECIATION SOCIETY INTERNATIONAL, INC.  
OFFICIAL SHOW TEAM ENTRANTS LIST**

Team Name \_\_\_\_\_  
Team Captain \_\_\_\_\_  
Address \_\_\_\_\_  
City-State-Zip \_\_\_\_\_  
CASI Entrant \_\_\_\_\_  
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