

Soup Cook-Off Entry Form

Team Name: _____

Address: _____

City: _____ State: _____ Zip _____

Team contact person _____

Team contact phone number () _____

E-mail address: _____

I hereby certify all food will be properly handled and treated, and is healthy for consumption to the public. I also have read the rules and guidelines and agree to abide by them.

Team Representative _____ Date _____

Mail entry form and fee (\$20.00 non-professional; \$40.00 professional) to: Kitty Merkley 4167 W Brookstone Court, Jasper, IN 47546. For questions please call Kitty at 812-630-1252 or kittym@twc.com.

