

REGISTRATION

NAME: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVENING) _____

EMAIL _____

NAME OF DISH _____

DESCRIPTION _____

INGREDIENTS (please list all ingredients in case of allergies)

LEVEL OF SPICE (check one)

MILD _____ MEDIUM _____ HOT _____ EVIL _____

ADDITIONAL INFOMRATION (optional)

Please fax to 8445.586.3599 or email to iris@markproject.org

For office use only:

Entry number _____

Check in time _____

Check in location _____

Delivered to Judges _____

