

# The Annual Chili Cook-Off Returns for 2024!

Calling all Master Chefs, Weekend Warriors, and Chili Connoisseurs

BEANS OR NO BEANS? LINGERING SPICE OR KNOCK 'EM DEAD ON THE SPOT HOT? DOES YOUR CHILI HAVE WHAT IT TAKES TO WIN BRAGGING RIGHTS FOR THE BEST CHILI OF CAMBRIAN? LET THE COMMUNITY BE THE JUDGE AT THE ANNUAL STEINDORF FALL FESTIVAL.

## COMPETITION RULES

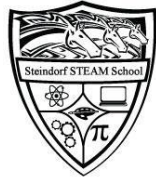
1. There is no cost to enter the competition
2. Entrants must submit a completed participation form by THURSDAY, October 17th!!!
3. Entry is limited to the first 10 applicants
4. The chili with the most votes will be the winner

## Logistics

1. The participation form can be completed [ELECTRONICALLY](#) or on the form below:
2. Chefs must bring their chili to the Steindorf Fall Festival by 3:00 pm on October 19th
3. Chili must be brought to Steindorf in a crock-pot
4. You must provide your own garnishes, if necessary
5. We also ask that you volunteer at the cook-off tables to serve and advise voters appropriately on the chili and garnishes (4:00 PM- 5:30 PM)
6. Voting will be open until 5:30pm
7. Bowls and utensils for tasters will be provided
8. The winner will be announced by the end of the festival.
9. Chefs must pick up their Crockpots by 6:00 pm at the Chili Cook Off event table
10. Please bring an extension cord for power, we will provide the power strips

## Prizes - Awarded to 1 Winner

1. Non-stop bragging rights for the rest of the school year
2. A commemorative Prize!
3. Winner's name engraved on the Steindorf Chili Cook-off Trophy to live on forever in the Steindorf Office



# The Annual Chili Cook-Off

## ENTRY FORM

If you think you have the best chili in town, fill this form out and drop it off in the office to put your chili to the Steindorf test! DUE Friday, October 11, 2024.

Please write clearly and all BOLD fields are mandatory.

**Participant's First Name:** \_\_\_\_\_

**Participant's Last Name:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student's First & Last Name: \_\_\_\_\_

Student's Teacher's Name & Room Number: \_\_\_\_\_

**Name your Chili:** \_\_\_\_\_

**Describe your Chili:** \_\_\_\_\_

\_\_\_\_\_

**Is your chili vegetarian:** Yes  No

**Please Check Off Which of the Following Your Chili Contains:**

- Peanuts
- Tree Nuts
- Gluten
- Dairy
- Eggs
- Soy
- None of the Above
- Other: \_\_\_\_\_