

# SUPERCHARGED CHILI COOK-OFF WINE & BEERFEST

## CHILI COOK REGISTRATION \$20

- Please make checks payable to "NDSC"
- Please Mail or Fax all Reg. Forms to : NDSCoalition, P.O. Box 725, Roseville, CA 95661 or 916-788-2611
- **Check-In begins at 12pm Friday, June 26th @ Gold Country Fairgrounds in Auburn, CA**

### Weekend Event Details

#### Friday, June 26th

- 12:00pm**-Chili Cook Registration/Check-In
- 4:00pm**- Cruise Registration Begins
- 5:30pm**- Staging for Street Cruise
- 7-10pm**- "SUPERCHARGED Chili Cook-Off" Wine & BeerFest @ the Gold Country Fairgrounds in Auburn

#### Saturday, June 27th

- 7:00am**- Gates Open & Pancake Breakfast begins
- 9:00am**- Poker Walk Starts

**Team Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

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|--|--|---|
| <p><b>Select One</b></p> <p><input type="checkbox"/> Chili</p> <p><input type="checkbox"/> Wine</p> <p><input type="checkbox"/> Beer</p> | <p><b>Doing Chili? Select One</b></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Group/Club</p> <p><input type="checkbox"/> Commercial</p> | <p><b>Chili Categories</b></p> <p><input type="checkbox"/> Back Fire (Hot)</p> <p><input type="checkbox"/> Starter Fluid (Spicy)</p> <p><input type="checkbox"/> Sloppy Jalopy (Vegetarian/Thick)</p> |
|--|--|---|

<b>Chili Cook Registration Total \$</b> _____
<b>Beer/Wine Vendor Registration Total \$0 with Donation of Beer/Wine</b>
<b>Beer/Wine Vendor Donation Value \$</b> _____
<b>*I can't make it, but please accept my tax deductible donation \$</b> _____
<b>Grand Total \$</b> _____
<b>*Note: Once fees &amp; registration form are received a letter will be sent detailing your requirements for setting up at the event.</b>

### Rules and Regulations

**Each Participant/Vendor is required to read and sign the following release of liability agreement.**

In consideration of acceptance of participants/vendors to the show by execution of this vendor registration form, I hereby release the National Down Syndrome Coalition and "Cruisin' for Down Syndrome" and their members, officers, employees, or anyone else connected with this event from any known and unknown damages, injuries, losses, judgments, and/or claims from any causes whatsoever that may be suffered by anyone participating in this event, or by any spectators. I agree to allow the NDSC to place a donation box at our station and to pay any shared food permit fees that may apply. I also authorize the use by the NDSC of any photo, film, or videotape taken of me, any employee, or our vendor booth at the event for any purpose. By signing, I have read and understand this Release of Liability Agreement.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_