



DKCC REGISTRATION FORM

TEAM INFORMATION (PLEASE PRINT)

Team Contact Name: _____

Team Contact Address: _____

Team Contact City: _____ State: _____ Zip Code: _____

Team Contact Phone Number: _____ Email Address: _____

Alternate Contact Name: _____

Alternate Contact Address: _____

Alternate Contact City: _____ State: _____ Zip Code: _____

Alternate Contact Phone Number: _____ Email Address: _____

ORGANIZATION INFORMATION (PLEASE PRINT)

Organization Name: _____

Organization Address: _____

Organization City: _____ State: _____ Zip Code: _____

Organization Phone Number: _____ Email Address: _____

Organization Contact Name: _____

The 2020 Dallas Kosher Chili Cook-off team registration fee is \$175 if received on, or before, December 31, 2019. As of January 1, 2020, the fee will increase to \$200. The registration deadline is February 14, 2020. The Cook-Off is March 15, 2020.

- Registration can be made via any of the following methods:
 - Mail your completed form with payment: to Tiferet Israel Congregation, 10909 Hillcrest Road, Dallas, TX 75230, Attn: 2020 Kosher Chili Cook-off
 - Fax: the registration form to 214-361-0011 and call 214-691-3611 with your credit card information
 - Online with a credit card at: kosherchilicookoff.us.
- A confirmation will be sent upon receipt of your form. If you do not receive confirmation within 48 hours of registering, please contact the Tiferet Israel office at 214-691-3611.
- **YOUR REGISTRATION IS NOT COMPLETE WITHOUT PAYMENT.**

MEAT OR VEGGIE (PLEASE CHECK ONE)

_____ Veggie

_____ Meat (Minimum order of 30 lbs. required) _____ lbs. X \$ 8.00* per pound = Total: _____

*\$9.00 after January 1, 2020

T-SHIRT ORDERS (1 FREE)

Free Size: _____ (S, M, L, XL, XXL, XXXL)

Number of Extra T-shirts: S: _____ M: _____ L: _____ XL: _____ XXL: _____ XXXL: _____

Total number: _____ X \$ 13.00 = Total \$: _____

PAYMENT INFORMATION

Cash: Check*: Credit Card:

Card Information:

Account Number: _____

Name on Card: _____

Billing Address: _____

Expiration Date (MM/YY): _____ CCV Code: _____

*Please make checks payable to: **Tiferet Israel Congregation**

GRAND TOTAL

Registration: \$ _____ + Meat: \$ _____ + T-shirts: \$ _____ = Total: _____

Reminder: The registration fee only covers 4 initial cooking team members. Any additional cook-off team members will be charged the full entrance fee to the event.

If you have any questions call: 214-691-3611 or email: info@kosherchilicookoff.us

SPECIAL REQUESTS: _____

For Office Use Only

Date Received: _____ Payment Type: _____ Form Confirmed by: _____ Notes: _____