

# Chili Cook-off

Saturday ~ November 14<sup>th</sup> ~ 9:00 am-4:00 pm

**Revised**



## Chili Cook-off Competition Guidelines

**In order to participate in the cook-off your completed Registration form, Health Department form and Participation fee of \$20.00 must be received in the market office NO LATER THAN NOVEMBER 6, 2009.**

The registration form is located on 2<sup>nd</sup> page of this flyer or on our website at [www.vbgov.com/farmersmarket](http://www.vbgov.com/farmersmarket).

**Registration forms must be turned into the management office to receive your health department form this form must be completed and returned to the market office NO LATER THAN NOVEMBER 6<sup>th</sup> to be forward to Health Department for review.**

**Set up time will be at 8:00 am under pavilion in which time the Health Department staff will assist you in setup.**

**THE FOLLOWING REQUIREMENTS HAVE BEEN ADDED TO THE COOK-OFF TO MEET HEALTH DEPARTMENT REQUIREMENTS:**

**Chili ingredients must be brought to cook-off to prepare. No items can be prepared at home or off premises.  
All items must be kept cold in a cooler until used.**

Only an electric hot plate or electric crock pot or cook pot, can be used during competition. A cooking thermometer with 2 degree markings will be needed to check for doneness, extra utensils must be brought to cover any dropped. Hair must be restrained by a scarf or hat. Plastic food service gloves must be used when preparing and serving chili. Small condiment cups (2 oz) and plastic spoons must be provided to serve to tasters, no bowls or larger container will be allowed to be served. Small coolers with spout must be provided with warm water to use as hand washing station. A container must catch all used water and will not be allowed to drain on ground. If you have health department related questions please contact Andrea Scahill at 518-2719.

Chili will be judged in three categories: Traditional, New and Best all around.

Winners will be announced in each of the three categories at 3:30 pm.



Trophies will be provided by FM 106.1



City of Virginia Beach Farmers Market  
3640 Dam Neck Road, Virginia Beach, VA 23453  
757-385-4395 [www.vbgov.com/farmersmarket](http://www.vbgov.com/farmersmarket)

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# Chili Cook-off Registration Form



**Completed registration forms, completed health department forms and participant fee of \$20.00 must be in the Market Management office by No later than November 6, 2009.**

Forms must be reviewed by health department prior to event.

Set up time will be 8:00am under the pavilion area; the Health Department will be on hand to assist you in setup of your area.

**Chili will be judged by purchased ticket "Chili Tasters".**

**The chili will be judged on three levels:**

**Traditional, New, Best all around**

**Winners will be announced in each of the three levels at 3:30pm**

Name of Cook \_\_\_\_\_

Club Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (C) \_\_\_\_\_

Category of Chili: Traditional \_\_\_\_ New \_\_\_\_ Best all around \_\_\_\_

The exhibitor hereby applies to this event and will at all times comply with all rules, regulations and policies of the event producers. Neither; The City of Virginia Beach, sponsors, support personnel nor anyone else connected with the event shall be responsible or liable for any loss, injury or damage incurred. In consideration of this entry, entrant agrees to the use of their name, photo and/or video or publicity and/or advertising. Any poor behavior, and/or conduct deemed objectionable to the event's well being may result in participant being denied any further involvement in the event and/or future events. Schedule/activities are subject to change at management's discretion.

**By signing below, I agree to the above statement;**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Bring form to:** City of Virginia Beach Farmers Market,  
3640 Dam Neck Road; Suite 510, Virginia Beach, VA 23453

*Official Use Only*

Date: \_\_\_\_\_

Cash/Check \_\_\_\_\_

Amount Paid: \_\_\_\_\_