

MONDAY



MAY 30

ANYTHING OVER RICE OR PASTA MEMORIAL DAY COOK-OFF



REGISTRATION FORM 2022

TEAM NAME: _____
TEAM CAPTAIN: _____
PHONE: _____
E-MAIL ADDRESS: _____
MAILING ADDRESS: _____

TEAM MEMBERS:

1) _____ E-mail: _____
2) _____ E-mail: _____
3) _____ E-mail: _____
4) _____ E-mail: _____

*I have read and agree to adhere to the Official Cook-Off Rules. I understand that any failure to comply, whether by myself or any team members, may result in immediate expulsion and/or denial of re-entry at a future date. I have paid my \$50 Registration Fee and understand that no refunds will be issued. I know that all proceeds directly benefit the Louisiana Military Museum and commit myself and my team members to conducting ourselves in a manner that honors our United States Military.

Signed: _____ Date: _____



www.LaMilitaryMuseum.org

337.898.9645

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100% of all proceeds benefit the Louisiana Military Museum