

# Dripping Springs Cook-Off Club

P.O. Box 297

Dripping Springs, Texas 78620-0297

Please Print Legibly, Thank you.

Name : \_\_\_\_\_ \*\*Date of Birth : \_\_\_\_\_

Home Address : \_\_\_\_\_

City : \_\_\_\_\_ State / Zip : \_\_\_\_\_

Daytime Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Work / Message Phone # : \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

Spouse's Name : \_\_\_\_\_ \*\*Date of Birth : \_\_\_\_\_

Spouse's E-Mail Address : \_\_\_\_\_

Children's Names and \*\*Date of Births :

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Which do you and your family enjoy? (Please check all that apply)

Barbeque

Chili

Salsa

\*\*\*\*\*

Cook Team Name : \_\_\_\_\_

# of memberships \*/+ : \_\_\_\_\_

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\* Cost of membership is Ten dollars (\$10.00) per adult member.

+ Membership is valid from Sept. 1 to Aug. 31 no matter when paid.

\*\* Birthdays requested for announcement on Web Page.