

Cook Off  
ENTRY FORM

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

POST/AUX. OR GROUP ASSOCIATED WITH: \_\_\_\_\_

PRIMARY MEAT: \_\_\_\_\_

(this is so the department knows how much more of what kind of meat to add to support over 200 people this will be feeding)

Pay by Check (payable to VFW) or credit card \$35.00: \_\_\_\_\_

If using credit card a \$2.00 processing fee will be added

Credit card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_

This form is to be mailed or emailed to Department headquarters.

Email [adjqm@vfw.org](mailto:adjqm@vfw.org)

VFW Headquarters

4210 East Kiehl Ave

Sherwood, AR 72120