

CIRVFD WING THING REGISTRATION FORM

Name: _____

Phone: _____

Entry Fee: \$20.00 /entry

of Entries/Recipes: _____ x \$20 = \$ _____

[Prize money determined by # of entries]

Name of Sauce Entered: _____

Name of Sauce Entered: _____

Name of Sauce Entered: _____



ALL PROCEEDS TO BENEFIT THE C.I.R.V.F.D. 50 year anniversary!