REGISTRATION FORM

PARTICIPANT/BUSINESS NAME:
PHONE NUMBER, ADDRESS, EMAIL ADDRESS:
CHILI NAME:
DESCRIPTION OF CHILI (TYPE OF MEAT, SPICE LEVEL, FLAVORS, ETC):
PLEASE RETURN THE TOP SECTION AND KEEP THE LOWER FOR REFERENCE

REGISTRATION FORMS MAY BE SUBMITTED AT THE CENTER OR TO OUR EMAIL ADDRESS: SENIORCENTER@CITYOFKATY.COM

CHILI MUST BE AT THE FUSSELL SENIOR CENTER, READY TO SERVE BY 10:30 AM ON FRIDAY, MARCH 3, 2023. CHILI MUST BE KEPT IN A SLOW COOKER OR OTHER WARMING DISH. CORN CHIPS, CHEESE, WHITE ONIONS, BOWLS, SPOONS, NAPKINS, AND TABLES WILL BE PROVIDED.

PLEASE CONTACT THE CITY OF KATY FUSSELL SENIOR CENTER WITH ANY QUESTIONS OR CONCERNS.

CITY OF KATY FUSSELL SENIOR CENTER
5370 E 5TH ST • KATY, TX 77493
281-391-4837