

JACK-POT ONLY

COOK: First Name: _____ Last Name: _____

Address: _____
(street)

(street address line 2)

City, State

Zip Code

Phone Number: (____) _____

email: _____

- Registration Items:
- Jackpot – Cooks Choice \$ 25.00
 - Jackpot – Jackpot Beans \$25.00
 - Jackpot – Dessert \$ 25.00
 - Jackpot – Mixed Drink \$ 25.00

Please total all items above:

TOTAL \$ _____

J
A
C
K
P
O
T
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N
L
Y

Applicant Signature: _____ Date: _____

Please make check payable to: DJ Carlson Memorial Fund

Mail Application and Check to: DJ Carlson Memorial Fund
PO Box 173
Devine, TX 78016

NON-IBCA

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