



Chili Blast REGISTRATION FORM

Team name: _____

Please provide the following information for each team member (1-4 people per team):

Name: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Name: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Name: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Name: _____

Email Address: _____

Phone Number: _____ Date of Birth: _____

Pricing & Payment info:

Team Entry: \$100

Chili Categories: Family Favorite, Spicy and Unique Taste

Payment may be submitted via PayPal at achievacu.com, or by check, payable to
Achieva Foundation. Please send completed registration form along with check payment to:

Marketing Department
Achieva Credit Union
P.O. Box 1500
Dunedin, FL 34697