



FARMERSFRESH

2nd Annual Cook-Off

July 29, 2017

Cook-Off Registration Form

Team Name: _____
Head Cook: _____
Phone Number: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Additional Team Members: _____

How much are you able to Grill? _____

I have read and understand the cook-off rules. I agree that our team will be responsible for its set up and clean up off assigned area.

Signature: _____ Printed Name: _____

Please turn registration forms into the Customer Service desk at Farmer's Fresh Market or email them to farmersfresh@farmersfreshco.com. For more information please contact us: 970-563-4400.

