

**Souper Bowl Challenge**  
**Supervisor Paul O'Grady's**  
14807 Ravinia Avenue • Orland Park • IL • 60462  
(708) 403-4222

Event: Soup Cook Off– “Supervisor Paul O’Grady’s Souper Bowl Challenge”

– February 3, 2018 from 2:00PM– 5:00PM

Location: Orland Township Administrative Center Grounds, 14807 Ravinia Avenue, Orland Park, IL 60462

**Sponsorship Opportunities:**

- \$300 “Champion” Sponsor
- \$200 “Touchdown” Sponsor
- \$100 “Field Goal” Sponsor

**Cook Participant Forte:**

- Rookies**- Foodies, between ages of 12 and 54 years old
- Public Service Pro Bowlers**- Emergency Services, Military, Education, etc.
- Hall of Famers**- Senior Citizens, ages 55 and older
- Culinary MVPs**- Must have culinary degree or certificate  
\*Must provide copy of culinary degree or certificate along with registration form.

**Cook Participant Rentals:**

- \$20.00 per space/table for Rookies, Public Service Pro Bowlers, & Hall of Famers
- \$30.00 per space/table for Culinary MVPs

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Affiliation with Restaurant, Culinary Organization, Public Service Title etc.: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Email: \_\_\_\_\_

Soup You Will Be Making for the Challenge: \_\_\_\_\_

- **ALL** Organizations/Restaurants/Cooks must have a signed “Release and Waiver of Liability and Indemnity Agreement” on file the day of the event.
- **No refunds will be given** for cancellations

**For additional information needed, please call Lindsay Trost at 708-403-4222 or by email:**

[Lindsayt@orlandtownship.org](mailto:Lindsayt@orlandtownship.org)

**PLEASE MAKE CHECK PAYABLE TO “ORLAND TOWNSHIP”**

If mailing in your check, please write on the outside of the envelope, “Souper Bowl Challenge”, include the “Participant Registration” and the signed “Release and Waiver of Liability and Indemnity Agreement” and mail to: Orland Township 14807 Ravinia Ave., Orland Park, IL 60462

If paying with cash, please bring the above-mentioned forms to the Orland Township Administrative Office.

If paying by Credit Card, billing information is needed:

Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Card Used: (Circle One): \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ V Code (3-digit code on back): \_\_\_\_\_