

Supervisor Paul O'Grady's

Souper Bowl Challenge

February 10, 2024 • 2 PM until 5 PM
14807 Ravinia Avenue • Orland Park • IL • 60462
(708) 403-4222

Sponsorship Opportunities:

- \$300 "Champion" Sponsor: *1/4th page advertisement in Orland Township FOCUS, event signage, pre & post-event publicity.*
- \$200 "Touchdown" Sponsor: *1/8th page advertisement in Orland Township FOCUS, event signage, post-event publicity.*
- \$100 "Field Goal" Sponsor: *Logo placement in Orland Township FOCUS, event signage, post-event publicity.*

***Note that sponsorships from governmental units or political organizations are not accepted.**

Cook Participant Categories:

- Rookies**- Foodies, between 12 and 54 years of age
 - Public Service Pro Bowlers**- First Responders, Military, Education, Healthcare
 - Senior Hall of Famers**- Senior Citizens, ages 55 and older
 - Culinary MVPs**- Must have culinary degree or certificate, be employed by, or represent a restaurant
- *Must provide copy of culinary degree or certificate along with the registration form.

Cook Participant Entry Fee: FREE!

All participants will be provided with 5 ft. x 18 in. table, 2 chairs, event apron and chef hat, serving ladle, sampling cups and spoons, gloves, hand sanitizer, containers for transport from kitchen to event and soup kitchens.

Last Name _____ First Name _____

Affiliation with Restaurant, Organization, Public Service Title (if applicable):

Address _____ City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____ Email: _____

Soup You Will Be Making for the Challenge: _____

(NOTE: Chili does not qualify)

- **ALL** Organizations/Restaurants/Cooks must have a signed "Release and Waiver of Liability and Indemnity Agreement" on file the day of the event.

For additional information, please contact Alex at 708-403-4222 or by email: AlexS@orlandtownship.org

PLEASE MAKE CHECK PAYABLE TO: "ORLAND TOWNSHIP SCHOLARSHIP FOUNDATION"

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 Discover Expiration Date: _____

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