

2019 Mobtown Mac n' Cheese Fest Application

• Cathedral Square • Saturday, April 6th •

DEADLINE TO ENTER: Friday, March 22nd

Contact Name: _____

Team Name: _____

Address: _____

Email: _____ Phone Number: _____

At least **ONE** person must have a valid Food Handler's Card. For more information on how you can obtain a Food Handler's Card visit: <https://mchd.statefoodsafety.com/>

Mac n' Cheese Category

(Check the category your team wishes to enter. BOTH categories may be entered.)

Classic Mac

- Cheese of your choice (up to 3 cheeses)
- Macaroni Noodle
- Conventional extras (shallots, cream, bead crumbs, etc.)

Gourmet Mac

- Cheese of your choice (NO limit on the cheese choices)
 - MUST have at least one of the following elements:
 - Unconventional Noodle (bowties, campanelle, shells, zoodles, etc.)
 - Unconventional Ingredient (brisket, shrimp, chocolate, etc.)
 - Unconventional Presentation (mac n' cheese quesadilla, fried mac n' cheese balls, mac n' cheese pizza, blueberry and vanilla bean mac n' cheese casserole, etc.)
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\$25 Team Participation Fee — Nonrefundable

Please make checks payable to United Cerebral Palsy of Mobile.

Mail check or cash and this form to:

Attn: Mobtown Mac n' Cheese Fest
United Cerebral Palsy of Mobile
3058 Dauphin Square Connector
Mobile, AL 36607

*If you prefer to pay with a credit card, please fill out slip and return with this application.

For more information, please call United Cerebral Palsy of Mobile at 251-479-4900 or go to ucpmobile.org.

Credit Card Authorization Form

Credit Card Information	
Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card): _____	
Card Number: _____	Expiration Date (mm/yy): _____ CVV number: _____
Billing Address: _____	
State/City/Zip: _____	

I authorize United Cerebral Palsy of Mobile to charge the agreed upon amount of **\$25** for team entrance into the Mobtown Mac n' Cheese Fest.

Cardholder Signature: _____ Date: _____

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