

## 2009 Woolly Worm Grill-Off Registration Form

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For more information, contact Don Hudson at (217) 832-3897 or  
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