

Entry Number
(Assigned by Office)



Name: _____ Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-Mail: _____

Category You are Entering: (Circle one only, fill out a separate application for each category you enter if entering more than one category).

- Vanilla** **Chocolate** **Fruit** **Gourmet (Good enough to serve at 5 Star Restaurant)**
- You Made What! – Outrageous!!** **(Blank) and Nut** **Sugar Free Delight**

There is no application fee for the Crank-Off. Entrants are required to bring one (1) gallon of their entry ice cream for tasting by the public. This is in addition to the one (1) gallon required for judging. Registration begins at 8:30 a.m. Saturday, June 12. To pre-register, fax this form to 972-562-8790 or e-mail to info@chestnutsquare.org.

Entrants may sign below to release their winning recipe if they are chosen to be the Killis Melton Ice Cream Specialty of the Year which allows their winning recipe to be used to create ice cream products for the benefit of the Doc & Clyde's Ice Cream Freezer Exhibit and the Killis Melton Ice Cream Crank-Off. Please sign below if you are in agreement. Signature is not required to participate.

Signature: _____ Date: _____