

SOUTH OF THE BORDER FIESTA



SALSA COMPETITION

Circle if you are a

Professional
or
Amateur

Name of Creator: _____

Restaurant (if applicable): _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Email: _____

Name of Salsa Entry: _____

Recipe of Salsa Entry:

Applicant Signature: _____ Date _____

TOP SECRET

SALSA COMPETITION NUMBER _____