



World Sake Challenge® Registration Form

How to Enter: You may fax entry forms to 773-930-4598, e-mail jaclyn@tastings.com or mail your entry forms to: Tastings at 4849 N. Milwaukee Ave., Suite 304, Chicago, IL 60630. If you have any questions, please call 773-930-4080. Results will be e-mailed to all winners 45 days after your sakes' deadline.

Contact Information

Company information below will be posted as contact information online. This person will receive results.

Name: _____ Title: _____
 Company Name: _____ Street Address: _____
 City/State/Zip: _____ Website: _____
 Phone/Fax Number: _____ Company E-mail Address: _____

Preparer's Information

Please fill out if different than Contact Information. Also send results to preparer.

Name: _____ Title: _____
 Direct Phone Number: _____ Direct E-mail: _____

Payment Information

\$125 each for 1-10 sakes \$115 each for 11-20 sakes \$100 each for 21+ sakes \$225/sake - 15-Day Priority

Check enclosed Check sent separately Wire transfer Bill me CC: Mastercard Visa Amex
 Credit Card Number: _____ Expiration: _____ CVV: _____
 Cardholder Name: _____ Billing Address: _____

Banking Info for Wire Transfers: Contact Debra O'Kennard, deb@tastings.com. Foreign wires, add \$30. All fees in US Dollars, checks payable to Tastings.com. No foreign checks. Any related shipping charges will be automatically billed to credit card on file. Results will not be released until full payment is received.

Product Information

All products must be commercially available in the USA or country of origin.

Submissions/Shipment: Ship **two (2) 750 ml** (or equivalent: ___qty ___volume) bottles to: Tastings at 4849 N. Milwaukee Ave., Suite 304, Chicago, IL 60630. You can include a copy of the entry form in the box. By filling out this form you agree to abide by the terms of our competition rules and usage policy: www.tastings.com/bti/policy.html.
 *Check box below for new brand or new line extension (within the last 12 months). New to market products will be highlighted on Tastings.com.

	New Brand*	Brewery Name	Special Designation or Proprietary Name	Country	Rice Varietal(s)	SMV	Alc%	Acidity	Retail Price
1.	<input type="checkbox"/>								
2.	<input type="checkbox"/>								
3.	<input type="checkbox"/>								
4.	<input type="checkbox"/>								
5.	<input type="checkbox"/>								
6.	<input type="checkbox"/>								

Optional Information: _____

Do not put stickers on front of bottle or labels due to all bottles are photographed for our website.

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Contact Information

Name: _____ Company Name: _____

	New Brand*	Brewery Name	Special Designation or Proprietary Name	Country	Rice Varietal(s)	SMV	Alc%	Acidity	Retail Price
7.	<input type="checkbox"/>								
8.	<input type="checkbox"/>								
9.	<input type="checkbox"/>								
10.	<input type="checkbox"/>								
11.	<input type="checkbox"/>								
12.	<input type="checkbox"/>								
13.	<input type="checkbox"/>								
14.	<input type="checkbox"/>								
15.	<input type="checkbox"/>								
16.	<input type="checkbox"/>								
17.	<input type="checkbox"/>								
18.	<input type="checkbox"/>								
19.	<input type="checkbox"/>								
20.	<input type="checkbox"/>								
21.	<input type="checkbox"/>								
22.	<input type="checkbox"/>								
23.	<input type="checkbox"/>								
24.	<input type="checkbox"/>								
25.	<input type="checkbox"/>								
26.	<input type="checkbox"/>								

Additional Product Information/Notes/Comments
