TOAST OF TAOS 2008
SOUTHWEST WINE COMPETITION

Winery Name _____ **Contact Person** _____
Address _____ **Phone** _____
City _____ **Fax** _____
State/Zip _____ **E-Mail Address** _____

Wine Entry (include name of wine or blend)	Category Code (see attached list)	Varietal	Vintage or NV	Special Designations: Proprietary Name, Vineyard, Appelation, etc.	If Blend, % of each varietal	Residual Sugar	Alcohol %

Complete, sign, and return Original Form with check payable to:
Holy Cross Hospital Foundation
P. O. Box DD
Taos, NM 87571
OR complete and enclose the attached credit card form.

Number of wines entered for judging _____ X $30 = $_____
Number of bottle packages entered for judging _____ X $5 = $_____
Total entry fees enclosed $_____
Signature _____
Date _____

NOTE: Include a copy of entry form in wine shipment, and keep a copy for yourself.

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Suggested Retail Price	Check if Bottle Package entered