

Application Fees are
Non-Refundable After
October 25, 2013



AMERICAN CULINARY FEDERATION COLUMBUS CHAPTER 2013 INAUGURAL CULINARY COMPETITION FORM

FOR ALL COMPETITORS PARTICIPATING IN THE ACF SANCTIONED COMPETITION ON NOVEMBER 9 & 10, 2013

PLEASE PRINT IN BLUE OR BLACK IN ONLY

COMPETITOR'S INFORMATION

Participant(s): Thank you for completing the information below. This document is necessary to support and verify certification requirements. Culinary Competition Manual at www.acfchef.org

Competitor's Name

First _____ Middle Initial _____ Last _____

ACF Member #

_____ Are you a Member of the ACF? Yes No

Mailing Address

Street Address _____

City _____ State _____ Zip _____

Telephone

_____ Fax _____

Email

Work Establishment or School Name

Type of Work Establishment

Restaurant Hotel Club Other _____ Student

CATEGORIES PARTICIPATING IN

Professional & Student Categories: Please check the categories you are participating in and if you are participating in A-D put the number.

PROFESSIONAL Categories

A (Specify 1 - 6) _____ F (Specify 1 or 2) _____ K (Specify 1 - 9) _____
 P (Specify 1 or 2) _____

STUDENT Categories

SA (Specify 1 - 6) _____ SK (Specify 1 - 9) _____ SP (Specify 1 or 2) _____

COMPETITION CATEGORY FEES

Please Make Check Payable To The: ACF Columbus Chapter
In The Check Memo Write: ACF Columbus Chapter Competition Receipt

Fee PER Category Professional	\$100 X Number of Categories Entering _____	TOTAL DUE \$ _____
Fee For Mystery Box F1 Professional	\$125 (Only 6 Spots Available 11/9/13) _____	TOTAL DUE \$ _____
Fee For Mystery Box F2 Professional	\$250 (Only 6 Spots Available 11/10/13) _____	TOTAL DUE \$ _____
Fee PER Category Student	\$50 X Number of Categories Entering _____	TOTAL DUE \$ _____
GRAND TOTAL DUE		\$ _____

PARTICIPANT(S) SIGNATURE

Mail Completed Form With Payment In Full To: Chef Tom Hunt, Chair | ACF Columbus Chapter
P.O. Box 16130 | Columbus, OH 43216 | Questions? Contact Chef Hunt: 419.908.5502 . Cell

Please make check payable to the ACF Columbus Chapter. In the check memo write ACF Columbus Chapter Receipt of fee confirms application. Payment MUST BE PAYED IN ADVANCE and is non-refundable after October 25, 2013. The undersigned, do hereby pledge myself to observe the rules and regulations of the ACF Columbus Chapter competition and the guidelines as established in the 2013 ACF Culinary Competition Manual (available at www.acfchefs.org), and to abide by the decision to the judges. I acknowledge that the ACF and the ACF Columbus Chapter and their agents are not responsible for breakage or loss of property, before, during or after the ACF Columbus Competition.

Participant(s) Signature _____ Date _____

Participant(s) Signature _____ Date _____

TO BE COMPLETED BY THE SHOW CHAIR

ACF Inaugural Culinary Competition Location: Columbus Culinary Institute at Bradford School
2435 Stelzer Road | Columbus, OH 43219 | 877.506.5006 . Toll | www.columbusculinary.com

Name of Competition _____ **ACF Columbus Chapter Inaugural Culinary Competition (Competition is Subject to Change)**

Date of Competition _____ **Saturday, November 9, 2013 - Student Categories: SA, SK & SP1 / Professional Category: F1**

_____ **Sunday, November 10, 2013 - Professional Categories: F2, A, K & P**

Location of Competition _____ **Columbus Culinary Institute at Bradford School . 2435 Stelzer Road . Columbus, OH 43219**

Show Chair's Signature _____ Date _____

For additional information, please download the ACF Culinary Competition Manual at www.acfchef.org