

INFORMATION FORM

FOR ALL COMPETITORS PARTICIPATING
IN ACF SANCTIONED COMPETITION



American Culinary Federation
The Standard of Excellence for Chefs

Please use blue or black ink pen.

Note: Thank you for completing the information below. This document is essential to accurately record CEHs for ACF members.

NAME: _____ Member # _____
(required if an ACF member)

I am am not a member of the ACF.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

E-mail : _____

Categories Competing In: _____

PLEASE RETURN TO SHOW CHAIR