

# 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