

REMINDER

Application Fees are Non-Refundable After March 27, 2020

**Midwest Culinary Institute American Culinary Federation Culinary Salon
April 18, 2020**



Competitor's Information

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

Competitor's Name

First Middle Last

ACF Member #

_____ **Are you a Member of the ACF?** Yes No

Mailing Address

Street Address

City State Zip

Telephone

Land Cell Fax

Email

Company or School Name

Type of Establishment

Restaurant Hotel Club Hospital School Other _____

Categories Competing In

Professional & Student Categories: Please check the category and specify the number you are participating in.
Competitors Note: All smallware and equipment must be supplied by the competitors.

PROFESSIONAL Categories

C = Specify 1-5 _____ D = Specify 1-4 _____ KP = Specify 1-2 _____
 F _____ KC _____ Other _____ (must be pre-approved by show chair)

STUDENT Categories

SC = Specify 1-4 _____ SD _____ SP = Specify 1-2 _____
 SK = Specify 1-9 _____ Other _____ (must be pre-approved by show chair)

Competition Category Fees

**Please Make Check Payable To: Cincinnati State
In The Check Memo Write: ACF Competition**

***Spots are limited, there is no guarantee of space till paid in full and acknowledged by the program chair.

		# of Categories	Total Amount Due
Professional			
Fee Per Categories C, D, KC, KP	\$125 X Number of Categories Entering	_____	Total \$ _____
Fee Per Mystery Box F-5	\$350 per team	_____	Total \$ _____
Fee Per Mystery Box F	\$175 per person	_____	Total \$ _____
Student			
Fee Per Categories SC, SD, SK, SP	\$65 X Number of Categories Entering	_____	Total \$ _____
Non-ACF Member			
Non-ACF Members Add an Additional	\$25 X Number of Categories Entering	_____	Total \$ _____
Other	Price agreed upon with chair	_____	Total \$ _____
			Grand Total \$ _____

Participant(s) Signature

Mail Completed Form With Payment in Full To: Chef Betsy LaSorella | Cincinnati State | 3520 Central PKWY
Cincinnati, OH 45223 | Questions? Email at mary.lasorella@cincinnatiastate.edu | Phone: 513-569-1568 | Fax: 513-569-1467

Please make check payable to Cincinnati State. In the check memo write "ACF Competition", receipt of fee confirms application. Payment MUST BE PAYED IN ADVANCE and is non-refundable after March 27, 2020. The undersigned, do hereby pledge myself to observe the rules and regulations of the Greater Cincinnati ACF, the Midwest Culinary Institute and the guidelines as established in the September 2018 ACF Culinary Competition Manual available at www.acfchefs.org, and to abide by the decision of the judges. I acknowledge that the ACF, Greater Cincinnati ACF, and the Midwest Culinary Institute and their agents are not responsible for breakage or loss of property, before, during or after the Midwest Culinary Institute ACF Culinary Salon.

Participant(s) Signature _____ Date _____

Participant(s) Signature _____ Date _____

Show Chair Signature

MCI ACF Culinary Salon Location: Midwest Culinary Institute at Cincinnati State | mciacf.com
3520 Central Pkwy | Cincinnati OH 45223 | 513-569-1500 | mary.lasorella@cincinnatiastate.edu

Name of Competition
Date of Competition
Location of Competition
Show Chair

Midwest Culinary Institute ACF Culinary Salon
Saturday April 18, 2020
Midwest Culinary Institute at Cincinnati State 3520 Central Pkwy Cincinnati, OH 45223
Betsy LaSorella CEPC