



**REMINDER**  
Application Fees are  
Non-Refundable  
After March 30, 2019

**Midwest Culinary Institute American Culinary Federation Culinary Salon**  
**April 13, 2019**



**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](http://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**

A = Specify 1-6 \_\_\_\_\_  B = Specify 1-4 \_\_\_\_\_  C = Specify 1-5 \_\_\_\_\_  
 D = Specify 1-4 \_\_\_\_\_  KC \_\_\_\_\_  KP = Specify 1-2 \_\_\_\_\_

**STUDENT Categories**

SA = Specify 1-6 \_\_\_\_\_  SB = Specify 1-5 \_\_\_\_\_  SC = Specify 1-4 \_\_\_\_\_  SD \_\_\_\_\_  
 SK = Specify 1-9 \_\_\_\_\_  SP = Specify 1-2 \_\_\_\_\_

**Competition Category Fees**

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

		# of Categories	Total Amount Due
<b>Professional</b>	<b>Fee Per Categories A, B, C, D, KC, KP</b>	\$125 X Number of Categories Entering	Total \$ _____
<b>Student</b>	<b>Fee Per Categories SA, SB, SC, SD, SK, SP</b>	\$65 X Number of Categories Entering	Total \$ _____
<b>Non-ACF Member</b>	<b>Non-ACF Members Add an Additional</b>	\$25 X Number of Categories Entering	Total \$ _____
<b>Other</b>	<b>Price agreed upon with chair</b>	_____	Total \$ _____
			<b>Grand Total \$ _____</b>

**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](mailto: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 30, 2019. 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 Sept. 2018 ACF Culinary Competition Manual available at [www.acfchefs.org](http://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.org](http://mciacf.org)  
3520 Central Pkwy | Cincinnati OH 45223 | 513-569-1568 | [cincinnatiastate.edu](http://cincinnatiastate.edu)

**Name of Competition** Midwest Culinary Institute ACF Culinary Salon *(Competition Subject to Change)*  
**Date of Competition** Saturday April 13, 2019  
**Location of Competition** Midwest Culinary Institute at Cincinnati State 3520 Central Pkwy Cincinnati, OH 45223  
**Show Chair** Betsy LaSorella CEPC