The entry form is to be completed in FULL for all team members, Type **DO NOT** hand write please send as a **WORD** document **DO NOT PDF**. Send to competition@austculinary.com.au by COB Monday 5th August 2019

**Restaurant Challenge Entry Form**

The application to be accompanied by a photograph (jpeg attachment 1MB) of the team in chef uniform.

If any of the documentation is missing the application will be deemed incomplete & will not be processed.

**Team Name**

**Team Chef 1**

**Details**

First Name Surname

Address

City State Postcode

Email

Mobile Home Work

**Emergency Contact**

Name

Relationship

Phone Number

Medical Conditions

**Employment Details**

Your Title

Company

Address

City State Postcode

Phone

Brief Bio

**Team Chef 2**

**Details**

First Name Surname

Address

City State Postcode

Email

Mobile Home Work

**Emergency Contact**

Name

Relationship

Phone Number

Medical Conditions

**Employment Details**

Your Title

Company

Address

City State Postcode

Phone

Brief Bio

**Team Chef 3**

**Details**

First Name Surname

Address

City State Postcode

Email

Mobile Home Work

**Emergency Contact**

Name

Relationship

Phone Number

Medical Conditions

**Employment Details**

Your Title

Company

Address

City State Postcode

Phone

Brief Bio

**Waiter**

**Details**

First Name Surname

Address

City State Postcode

Email

Mobile Home Work

**Emergency Contact**

Name

Relationship

Phone Number

Medical Conditions

**Employment Details**

Your Title

Company

Address

City State Postcode

Phone

Brief Bio

**Terms & Conditions**

I agree to the terms & Conditions of the Australian Culinary Challenge 2019 & to follow the Australian culinary federation Code of Conduct.

Chef 1 Name:

Signed: Date

Chef 2 Name:

Signed: Date

Chef 3 Name:

Signed Date

Waiter Name:

Signed: Date: