Secondary Schools Culinary Challenge Entry Form

Please Type all info & send back as word document

|  |  |
| --- | --- |
| State / Country |  |
| **School** |  |
| Address  |  |
|  |  |
| Phone  |  |
| Fax |  |
| Email |  |
|  |  |
|  |  |
|  |  |
| **Teacher** |  |
| Name |  |
| Email |  |
| Mobile |  |
| Address |  |
| Emergency Contact |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
|  |  |
| Dietary Requirements (Please list) |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Team Leader |  |
| Name |  |
| Email |  |
| Mobile |  |
| Address |  |
|  |  |
| Date of birth  |  |
| Emergency Contact |  |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

I permit my name and any photographs of myself to be released to the media for promotional purposes.

Signed Date

**A Parent or Guardian must give permission and sign below if the student is under 18 years of age.**

I, give permission for

To enter and compete in the Australian Culinary Federation National Secondary Schools Culinary Challenge & permit any photographs of them to be released to the media for promotional purposes.

Parent or Guardian Signature: Date:

|  |  |
| --- | --- |
| Team Assistant |  |
| Name |  |
| Email |  |
| Mobile |  |
| Address |  |
|  |  |
| Date of birth  |  |
| Emergency Contact |  |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

I permit my name and any photographs of myself to be released to the media for promotional purposes.

Signed Date

**A Parent or Guardian must give permission and sign below if the student is under 18 years of age.**

I, give permission for

To enter and compete in the Australian Culinary Federation National Secondary Schools Culinary Challenge & permit any photographs of them to be released to the media for promotional purposes.

Parent or Guardian Signature: Date:

|  |  |
| --- | --- |
| **Additional Person**  |  |
| Name |  |
| Email |  |
| Mobile |  |
| Address |  |
| Emergency Contact |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include medi alerts) |
|  |  |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

