



American Culinary Federation
The Standard of Excellence for Chefs

Second City Culinary Challenge

ACF Chefs and Culinary Professional of Chicagoland

Thank you for completing the information below. This document is necessary to support and verify certification requirements. Print NAME: _____

ACF Member # _____ I () am () am not a member of the ACF Chicago Chapter.

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home _____

Phone: _____ Fax: _____

E-mail: _____

Work Establishment or School Name: _____

Type of Work Establishment: ___ Restaurant ___ Hotel ___ Club ___ Other ___ Student

By signing this application, competitors state that they have read and understand the competition rules and requirements in the competition manual set by the ACF competition committee. Competitors will be responsible for bringing all of their own equipment and food for their category. Competitors should make sure to remove all of their equipment at the end of their competition time; the facility will not be responsible for any equipment left behind after the competition.

The competition manuals can be found at:

<http://www.acfchefs.org/ACF/Events/Competitions/ACF/Events/Competitions/>

Participant(s) Signature: _____

Name & Date of Competition: College of Dupage Culinary and Hospitality Center – 425 Fawell Blvd, Glen Ellyn, IL 60137

We will do our best to meet dates requested it will be fist come first serve

January 26th _____ January 27th _____

Please check the categories you are participating in D1___ D2___ D3___ D4___ F1___
F2___ FP1___ KP1___ KP2___ SA___ SB___ SC___ SD___ SK1___ SK2___ SK3___ SK4___ SK5___

SK6___ SK7___ SK8___ SK9___ SP1___ SP2___

Fees

- Professional: \$100
- Chicago Chapter Professional (must be current on dues)\$60
- Student \$40
- Chicago Chapter Student (must be current on dues)\$10
- Total\$ _____

Make check payable to: **ACF Chef and Culinary Professionals of Chicagoland** Receipt of fee confirms application, **MUST BE PAID IN ADVANCE** and are non- refundable after January 15th, 2017

PLEASE SEND WITH PAYMENT TO: Show Chair **Thomas Birmingham c/o Ruth Lake CC 6200 Madison ST, Hinsdale, IL, 60521**