

# INFORMATION FORM

## FOR ALL COMPETITORS PARTICIPATING IN ACF SANCTIONED COMPETITION

Please use blue or black ink pen.

**Note:** Thank you for completing the information below. This document is necessary to support and verify certification requirements.

NAME: \_\_\_\_\_ Member # \_\_\_\_\_

I ( ) am ( ) am not a member of the ACF.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_

Work Establishment or School Name: \_\_\_\_\_

Type of Work Establishment: \_\_\_ Restaurant \_\_\_ Hotel  
\_\_\_ Club \_\_\_ Other \_\_\_ Student

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### Below Completed by Show Chair

Name & Date of  
of Competition : \_\_\_\_\_

Categories Competing In: \_\_\_\_\_

Show Chair's Signature: \_\_\_\_\_

PLEASE RETURN TO SHOW CHAIR