

APPLICATION FOR ACF-APPROVED CULINARY JUDGE

I hereby apply for approval as an ACF-approved culinary judge. I understand it is my responsibility to complete all prerequisites as outlined in the ACF Approved Culinary Competition Manual. I further understand that upon completion of all prerequisites my qualifications for judging will be reviewed by the Culinary Competition Committee, and their determination as to my approval or requirement for additional training will be final.

Date of Application: _____

Name: _____

Address: _____

City/State/ZIP: _____

Work Phone: _____ Home Phone: _____ Fax: _____

E-mail: _____

ACF Certifications/Expiration Dates
_____/_____
_____/_____
_____/_____

ACF Membership # _____
Date of Birth _____

Employment Establishment: _____

Position: _____

Address: _____

City/State/ZIP: _____

Competition Experience: ACF and WACS (attach continuation sheet if required)

Medal Type	Competition	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Candidate's Signature: _____

Approved for Judge in Training: _____ (CCC Chair)

Date: _____

