



American Culinary Federation Education Foundation  
**2018 Regional Baron H. Galand  
Culinary Knowledge Bowl Application**

American Culinary Federation, Inc. • Attention: Education • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • www.acfchefs.org

**Return this application no later than November 30, 2017**

This application must be submitted with the **\$250.00** non-refundable registration fee. Completed emailed, faxed or mailed applications must be postmarked by November 30, 2017. Deadline extensions for extenuating circumstances can be requested. Applications received after the deadline will not be considered.

Regional conference dates are as follows. Please plan to arrive by noon on the first conference day for the competitor's briefing. Teams will compete within their region. One region will compete on the second conference day; the other region will compete on the final day.

**ChefConnect: Charlotte – February 25-27, 2018**

Northeast and Southeast Region Knowledge Bowl Competitions  
Westin Charlotte

**Chef Connect: Newport Beach – March 18-20, 2018**

Central and Western Region Knowledge Bowl Competitions  
Newport Beach Marriott Hotel and Spa

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**Team Name**

The competition is open only to teams sponsored by an ACF chapter, ACFEF apprenticeship program, or an ACFEFAC accredited institution. List below the ACF Chapter, ACFEF apprenticeship program or ACFEFAC accredited school name that is sponsoring your team.

Team Name: \_\_\_\_\_

(This name will be used for team listing in the program guide and on signs during the competition)

**Team Coaches**

The Team Coach will serve as the team's administrative liaison for all competition information. Please note that the Team Coach may not participate in the competition as a team member.

**Head Coach**

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ ACF #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

**Co-Coach**

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ ACF #: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

**Shipping Information**

Preferred Shipping Address:    Residential            Business

Street Address: \_\_\_\_\_

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

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## Team Members

The Team shall consist of four participants and one alternate.

1st Team Member Name: \_\_\_\_\_ ACF #: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

2nd Team Member Name: \_\_\_\_\_ ACF #: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

3rd Team Member Name: \_\_\_\_\_ ACF #: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Team Captain Name: \_\_\_\_\_ ACF #: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ ACF #: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

## Verification

I verify that all of the above information is correct and that these applicants are registered in the above named program or chapter, and will be at the time of the 2018 regional Baron H. Galand Culinary Knowledge Bowl competition. If the team is the regional finalist, they will compete at the 2018 Cook. Craft. Create. in New Orleans, July 16-19. I understand that knowledge bowl teams are required to attend the competition briefing, competition and award ceremony. I verify that all team players, coaches and team representatives will follow and abide by the ACF Code of Ethics during all competition activities.

Program Coordinator's or Chapter President's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Information

I have enclosed a check (\$250) made payable to the American Culinary Federation Education Foundation (ACFEF).

Please bill my:    Visa        MasterCard        Amex        Discover

Account Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CSC #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Name on Account: \_\_\_\_\_ Signature: \_\_\_\_\_