

ACF STUDENT TEAM COMPETITION INTENT TO COMPETE FORM

Region: _____

ACF Chapter: _____

School Affiliation (if any): _____

Coach*: _____ ACF member #: _____

Phone (day): _____ Fax: _____

E-mail: _____

Assistant Coach: _____ ACF member #: _____

Phone (day): _____ Fax: _____

E-mail: _____

Forms must be submitted annually by: August 30

Mail Form to:

American Culinary Federation
Competitions & Awards Administrator
180 Center Place Way
St. Augustine, FL 32095

or fax to:

904-940-0741

**This is the contact for all official communications. This person will also be listed in the program guide for ACF regional conferences and national convention.*