

ACF STUDENT TEAM COMPETITION TEAM INFORMATION SHEET

Region: _____

ACF Chapter: _____

School Affiliation: _____

Team Coach: _____ ACF Member #: _____

Phone (day): _____ E-mail: _____

Assistant Coach: _____ ACF Member #: _____

Phone (day): _____ E-mail: _____

Team Members

Captain _____ ACF Member # _____

Alternate: _____

Forms must be submitted to the ACF national office at least 30 days prior to local, state and Divisional competitions.

NOTE: All team members must have an ACF member number and be paid members, in good standing, at time of submission. (See page 31, Team Requirements)

Mail Form to:

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

or fax to:

904-825-4758