



APPLICATION FORM

**Please return this form by the 31st of August 2010 with a resume
And a picture of the Contestant Chef in uniform to the Chancelier Address or by Email**

**Thursday 7th of October Contestant sign-in
Friday 8th of October Competition Day**

Please fill out with capital letters or typed!

Establishment: _____

Business Name, address of employer, executive or head chef of the candidate

Mobile Phone: _____ E-mail: _____

Tel: _____ Fax: _____

Contestant:

Name: _____ First name: _____

Date of birth: _____ Nationality: _____

Home address: _____

Mobile Phone: _____ E-mail: _____

Tel: _____ Fax: _____

Signature of applicant

Signature of employer

Date: _____