

OFFICAL ENTRY FORM

Competitor Number

Central Branch Hawke's Bay Salon 26th & 27th May, 2018

(Office use only)

COMPLETE & SEND BY SCAN OR POST TO THE ADDRESS BELOW BY 5PM TUESDAY 22nd MAY 2018

ALL DETAILS MUST BE COMPLETE & PRINTED - IF NOT COMPLETED CORRECTLY - NO ENTRY (Note: We have a school/Institute group registration if require, contact - pacific@cityandguilds.com)

First Name:		Family Name:							
		(PRINT clearly, as this	s is the n	ame th	nat will appear on your	certificate)			
FULL Postal	Address:								
Competitor H		Business Phone:							
Mobile:			E-mail:						
Name of Wor	kplace / Tertiary Prov	ider / School:							
Date of Birth:		Co	mpetito	r Statı	us: Beginner / Stu	dent / Tra	ainee / Open (Plea	se Circle One)	
Beginner = Intermediate/ Secondary year 8, 9 and 10 Student = Secondary School Student			condary			Open = Qualified i people	Open = Qualified industry people		
		mber, name of c	,	nd s				:	
Class # Name of Class					Status: Student/Tr			Cost	
						•	, ,		
							Total: \$		
All entry fees are non-refundable Beginner (per person) Student (per person) Student & Beginner (enter 2 or more cla			\$ 20 pe	er clas	ss \$ 25 per cl	per class ✓ Please tick one:			
Trainee/Open (per person) Trainee/Open (enter 2 or more class			\$ 30 pe	er clas e <mark>r cla</mark> s	\$ 35 per cl	ass	- Bank Transfer		
НВТ	raining Team of the	Region Team	\$ 40 pe	er tea	m \$ 45 per te	<u> </u>	 REF:		
	ayment chequ	accepted witho es should be w lk transfer to ac	ritten	out	to: NZ Chefs /	Associat	tion Central Br		
Signatu	ire:		_Nam	ie:			Date:		