



OFFICIAL ENTRY FORM

Central Branch Hawke's Bay Salon
11th & 12th May, 2019

Competitor Number

(Office use only)

COMPLETE & SEND BY SCAN OR POST TO THE ADDRESS BELOW BY 5PM TUESDAY 7th MAY 2019

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

First Name: _____ Family Name: _____

(PRINT clearly, as this is the name that will appear on your certificate)

FULL Postal Address: _____

Competitor Home Phone: _____ Business Phone: _____

Mobile: _____ E-mail: _____

Name of Workplace / Tertiary Provider / School: _____

Date of Birth: _____ Competitor Status: **Beginner / Student / Trainee / Open** (Please Circle One)

| | | | |
|---|---|--|--|
| Beginner = Intermediate/ Secondary year 8, 9 and 10 | Student = Secondary School Students (11 - 13) | Trainee = undergoing tertiary training | Open = Qualified industry people |
|---|---|--|--|

PRINT clearly the class number, name of class and status for each class you wish to enter:

| Class # | Name of Class | Status: Student / Trainee / Open | Cost |
|------------------|---------------|----------------------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total: \$ | | | |

All entry fees are non-refundable

| | NZ Chef Members | Non Members |
|---|------------------------|------------------------|
| Beginner (per person) | \$ 20 per class | \$ 25 per class |
| Student (per person) | \$ 20 per class | \$ 25 per class |
| Student & Beginner (enter 2 or more classes) | \$ 10 per class | \$ 15 per class |
| Trainee/Open (per person) | \$ 30 per class | \$ 35 per class |
| Trainee/Open (enter 2 or more classes) | \$ 20 per class | \$ 25 per class |
| HB Training Team of the Region Team | \$ 40 per team | \$ 45 per team |

✓ Please tick one:

- Cheque included

- Bank Transfer

- REF: _____

NO entry will be accepted without payment – entries close Tuesday 7th May 2019.
Payment cheques should be written out to: NZ Chefs Association Central Branch
OR bank transfer to acc: 11-7000-0788960-11 REF 'your name'

Signature: _____ Name: _____ Date: _____

POST: Hawkes Bay Salon, Private Bag 1201, HBMC, Napier
or e-mail: hawkesbaysalon@eit.ac.nz (please include payment)