

## **Wellington Culinary Fare**

**Official Entry Form** 

(PLEASE PRINT IN BLOCK LETTERS)



| Official use:   |  |
|-----------------|--|
| Competitors No: |  |

Weltec School of Hospitality Wellington & Le Cordon Bleu New Zealand & 20 May 2018

PLEASE COMPLETE THIS FORM IN CLEAR BOLD PRINT, SCAN AND EMAIL TO wellington@nzchefs.org.nz OR POST TO Wellington Culinary Fare - PO Box 7180, Newtown, Wellington 6242

| First name:  |  | Surname:                 |                                     |             |                  |                 |  |  |
|--|--|--------------------------|-------------------------------------|-------------|------------------|-----------------|--|--|
| Name for certificate if different:   |  |                          |                                     |             |                  |                 |  |  |
| Address:   |  |                          |                                     |             |                  |                 |  |  |
| Place of work / study:   |  |                          |                                     |             |                  |                 |  |  |
| Phone:   |  | Email:                   |                                     |             |                  |                 |  |  |
|  | nee class you must supp<br>tained as at 20 May 201 |                          | ar of study, your work expe         | rience h    | nours an         | d               |  |  |
| Hours:   | Study  | <b>:</b>                 | Quals:                              |             |                  |                 |  |  |
| For class classifications see event schedule. Entries fees should be paid into nominated bank account below. |  |                          |                                     |             |                  |                 |  |  |
| Entry fee: All classes: \$25.00 per person   |  |                          | Parking is available, please        |             | Parking Required |                 |  |  |
|  |  | Confirm                  | confirm parking is required         | Y           | ES               | NO              |  |  |
|  |  |                          |                                     |             |                  |                 |  |  |
| Class Number:  | mber: Class classification- Open or Trainee        |                          | Name of class entered               |             | Cost of class    |                 |  |  |
|  |  |                          |                                     |             |                  |                 |  |  |
|  |  |                          |                                     |             |                  |                 |  |  |
|  |  |                          |                                     |             |                  |                 |  |  |
|  |  |                          |                                     |             |                  |                 |  |  |
|  |  |                          | Total cost of classes en            | tered:      | \$               |                 |  |  |
| Bank deposit: <b>Bank</b>  | -WESTPAC 03-0539-040233                            | <b>7- 00 -</b> Please us | e your surname and initials as re   | eference    |                  |                 |  |  |
| Cheque payment: I  | have enclosed a cheque for                         | my entry fees m          | ade payable to NZChefs Welling      | ton Branc   | ch yes /         | no (circle one) |  |  |
| I accept and will abide by the rules and conditions of the Wellington Culinary Fare: Signature:              |  |                          |                                     |             |                  |                 |  |  |
| a Entring MUST be  | received on or prior to Cundou                     | Cth May 2019 I a         | to entries may be assented at the d | icaratian c | .f +b            | ovo outivo      |  |  |

- Entries MUST be received on or prior to Sunday 6th May 2018. Late entries may be accepted at the discretion of the WCF executive.
- No entry will be accepted without full payment. Confirmation will be provided to competitors via email. No refunds will be given.
- Please photocopy this form if required. Changes to entries may only be made with consent of the Salon Director.
- Please post to Wellington Culinary Fare, PO Box 7180, Newtown, Wellington 6242 or scan and email to wellington@nzchefs.org.nz.
- For enquiries phone Scott Campbell on 027 769 0573 or Chetan Pangam on 022 012 8962. You can also email wellington@nzchefs.org.nz.
- Statement of confidentiality: all information supplied on this entry form will be kept entirely confidential. It will not be revealed to anyone or used for any other purpose than internal record keeping and for the sponsors of the class(es) entered.