

First Name

School Name:

New Zealand Chefs Association Inc.

PO Box 24 057 Royal Oak, Auckland 1345
P: 0800 692 433 E: info@nzchefs.org.nz
W: www.nzchefs.org.nz

Auckland Regional Championships Official Entry Form 2018

Please complete this form and send back by email by 8th June 2018

Please print all details clearly - Name as it is to be printed on your certificat	lease print all de	tails clearly - Name	as it is to be printed	on your certificate
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Last Name

School Class	Name:	
School contact	et person and contact number:	
Mailing Addre	SS:	
Home Phone:	Mobile:	
Date of Birth:	Email:	
	(Email must be provided for your entry to be processed)	
Class Number	Name of Class	Fee \$25

'Sharing a passion for all things culinary'











Total \$

Payment must accompany entry form for this entry to be processed:

Secondary School	Individual Class Fees:	Cost:
	All Classes	\$25.00

Total	amount included with this entry form \$
	Cheques made out to NZChefs
Or	Please debit my Visa/MasterCard/Diners/Amex (please circle one)
Card	No
csc	No Expiry Date
Name	e on card:
Signa	ature <u>:</u>
☐ F	or Bulk invoicing please email - competitions@nzchefs.org.nz
 1	accept all competition rules and conditions:
Sign	ature of competitor:
Entrie	es close by 4pm 8 th June 2018 or when a class is full. A late fee may be charged after this date
entry	ment of confidentiality: All Information supplied to NZChefs, as part of this regional competition form will be kept entirely confidential. It will not be revealed to anyone or used for any purpose than internal record keeping, and event management.
NZ H	se email this completed form to: ospitality Championships – Auckland Regional Competition I – competitions@nzchefs.org.nz





For any inquiries phone 0800 692 433 or email competitions@nzchefs.org.nz





