



HIGH SCHOOL CULINARY CHALLENGE 2018 APPLICATION

NAME OF APPLICANT

Name of High School

Street Address City Prov. Postal Code

COACH

First Name Last Name

Email Ph. (w) Ph. (Cell)

TEAM MEMBERS

1. First Name Last Name Grade

Emergency Contact / Relationship Ph. Ph. (Cell)

2. First Name Last Name Grade

Emergency Contact / Relationship Ph. Ph. (Cell)

3. First Name Last Name Grade

Emergency Contact / Relationship Ph. Ph. (Cell)

NOTE

DEADLINE TO SUBMIT APPLICATION FORM IS DECEMBER 15, 2017.

I agree to receive High School Culinary Challenge emails containing updates, information about upcoming events and other business related to the CCF Edmonton High School Culinary Challenge. You may withdraw your consent at any time by contacting us at admin@edmontonchefs.ca.

Signature – Coach

Date

*****Please email application form to:
admin@edmontonchefs.ca*****