

HIGH SCHOOL CULINARY CHALLENGE 2022 **APPLICATION**

ME OF APPLICANT			
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ne or right School			
reet Address	City	Prov.	Postal Code
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and Alleria	Local Marine		
rst Name	Last Name		
mail	Ph. (w)		Ph. (Cell)
EAM MEMBERS			
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First Name	Last Name		Grade
Emergency Contact / Relationship	Ph.		Ph. (Cell)
First Name	Last Name		Grade
Emergency Contact / Relationship	Ph.		Ph. (Cell)
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First Name	Last Name		Grade
Emergency Contact / Relationship	Ph.		Ph. (Cell)
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DEADLINE TO SUBMIT APPLICATION	IN FORM IS JANUARY 14, 2022	2	
☐ I agree to receive High School (Culinary Challenge emails containing	g updates, informati	ion about upcoming e
and other business related to th consent at any time by contactir	e CCF Edmonton High School Culin ng us at <u>admin@edmontonchefs.ca</u>	lary Challenge. Υοι	ı may withdraw your
Signatura Cooch	Doto		

***Please email application form to:

admin@edmontonchefs.ca***