



OFFICIAL ENTRY FORM

Competitor
Number

NZChefs Salon – 30th July to 2nd August
Logan Campbell Centre, ASB Showgrounds, Greenlane Rd, Auckland

COMPLETE AND SEND BY EMAIL, FAX OR POST TO THE ADDRESS BELOW BY THE 20th OF JULY 2015. ALL DETAILS MUST BE COMPLETED CORRECTLY OR YOUR ENTRY WILL NOT BE ACCEPTED.

The Competitor must complete this entry form and in doing so accept all competition rules and conditions as per the schedule for 2015.

FIRST NAME:	LAST NAME:
(TYPE or PRINT clearly , as this is the name that will appear on your certificate)	
FULL POSTAL ADDRESS:	
HOME PHONE:	BUSINESS PHONE:
MOBILE PHONE:	EMAIL**: (You must have your email address present or you will not be accepted)
Please note that for all Secondary School Competitions only two entries per school per LIVE class is permitted.	
PLACE OF WORK OR STUDY (Select one):	
DATE OF BIRTH (Training) (DD/MM/YY): Entrants in Training classes must be under 25 years of age on the day of competition. Training classes are not open to secondary schools.	ORGANISER PHONE (Training only):

(PRINT clearly the number, name and status for each class you wish to enter)

NZChefs Membership Number:			Priority will be given to NZChefs Members
CLASS NUMBER:	NAME OF CLASS:	STATUS: Static / Sec. School / Training / Open	COST:
Food Show Ticket	Cost: \$22.00 each	Quantity: Please note how many tickets (if any) you would like.	
TOTAL:			

If you would like to JOIN NZChefs please tick this box and we will email you with information.

Cost per class: entry fees include GST.		
TYPE OF CLASS:	NZCHEFS MEMBER:	NON MEMBER:
Static	\$40.00	\$65.00
Training / Secondary School	\$40.00	\$60.00
'Of the Year' Training	\$150.00	\$170.00
Open Competitions	\$60.00	\$80.50
'Of the Year' Open	\$200.00	\$250.00
Team Events	\$120.00	\$150.00

Note: For 'Of the Year' classes the entry fee covers your entry into each of the classes required.

*Members of SPANZ are eligible for NZChefs Member pricing.

Please debit my: Visa Mastercard Diners Amex Enclosed a cheque (made payable to NZChefs).

Card No: _____ Expiry: _____ . CSC No _____

Name on Card: _____ Signature: _____

Signature: _____ . Printed: _____ . Date: _____

NZChefs National Office, Ph: 0800 692 433, Fax: 0800 692 432, Email: info@nzchefs.org.nz - PO Box 24057, Royal Oak, Auckland 1345