

# ACF STUDENT TEAM COMPETITION INTENT TO COMPETE FORM

Region: \_\_\_\_\_

ACF Chapter: \_\_\_\_\_

School Affiliation (if any): \_\_\_\_\_

Coach\*: \_\_\_\_\_ ACF member #: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ ACF member #: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Forms must be submitted annually by: August 30**

## Mail Form to:

American Culinary Federation  
Events Management  
180 Center Place Way  
St. Augustine, FL 32095

## or fax to:

904-825-4758

*\*This is the contact for all official communications. This person will also be listed in the program guide for ACF regional conferences and national convention.*