Appendices - A
American Culinary Federation
Chef & Child Foundation

A. Charity Registration Form

Name of Charity:_____

Address: _____
City State Zip

Name of Director: _____Phone:_____

List Major Officers on Organizations Board, with Titles:

_____

_____

_____

_____

_____

Tax Status of Organization:_____Tax Code No._____

_____ _____
City and State where Organization was Registered Date Registered

Name of ACF Chapter holding this event: _____

Chapter Contact/Title:_____ Phone:_____

The American Culinary Federation, Chef and Child Foundation's mission is "to educate children and families in understanding proper nutrition through community-based initiatives, and to be the voice of the culinary industry in its fight against childhood hunger, malnutrition and obesity."

By signing this registration form, you agree that the funds received from any representative of our organization will be used for this sole purpose.

Signature:_____Phone:_____E-mail: _____

Printed Name: _____Title:_____

Please return the completed registration form to:
American Culinary Federation Chef and Child Foundation
180 Center Place Way, St. Augustine, FL 32095
Ph: (904) 824.4468 or (800) 624.9485. Fax: (904) 825.4758. e-mail: chefandchild@acfchefs.net.