



The 36th Annual Hotel, Motel and Restaurant Supply Show of the Southeast

In Conjunction With

The American Culinary Federation – Myrtle Beach Chapter

Presents...the Revival of the

8th Annual Culinary Hot Food Competition

To Find

Which is the Real Southern Food:

Chicken, Pork, Beef or Seafood?

Plus Three Other Categories of Competition:

Cold Food Categories A, B and C

ACF COMPETITION APPLICATION

Name:	
Address:	
City, State and Zip:	
Phone:	Email:
Company:	
Position:	
Business Phone:	
Certification Level:	Chapter Affiliation:
Culinary Competition Experience:	
Career Description or Bio:	

You must fill out your application in its entirety and submit along with this entry form.

Please select the category(s) in which you will compete:

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | ACF HOT FOOD Competition - <u>ACF MEMBER \$100/ NON-ACF MEMBER \$125</u>
Which is the Real Southern Food? (Mystery Basket) | <input type="checkbox"/> |
| <input type="checkbox"/> | *ACF COLD FOOD Category A: <u>ACF MEMBER \$80 / NON-ACF MEMBER \$100</u> | <input type="checkbox"/> |
| <input type="checkbox"/> | *ACF COLD FOOD Category B: <u>ACF MEMBER \$80 / NON-ACF MEMBER \$100</u> | <input type="checkbox"/> |
| <input type="checkbox"/> | *ACF COLD FOOD Category C: <u>ACF MEMBER \$80 / NON-ACF MEMBER \$100</u> | <input type="checkbox"/> |

*NOTE: Discount for 2nd Cold Food Category Entry: ACF MEMBER \$65 / NON-ACF MEMBER \$85

NOTE: There are limits as to the number of participants in all competitions. Entries will be accepted on a first-come, first-served basis.

Pay Online: <http://www.hmrsss.com/payonlineChef.php> or complete form below

CREDIT CARD AUTHORIZATION FORM

The following information is required if you wish to pay your Entrance Fee with a credit card for the ACF Competitions. Please complete, sign and return via email, mail or fax to: ACF-Myrtle Beach Chapter, c/o HMRSSS, PO Box 332 Myrtle Beach SC 29578-0332; email: Ltushows@sc.rr.com; or fax the forms to: 843.626.1513. If paying by company check, please mail to above address. *Thank you!*

DATE: _____

*I HEREBY AUTHORIZE THE USE OF THE FOLLOWING CREDIT CARD IN THE AMOUNT OF: _____

CARD TYPE: VISA _____ M/C _____ AMEX _____

CARDHOLDER NAME: _____

CARD NUMBER: _____ EXP. DATE: _____

AUTHORIZED CARD SIGNER'S NAME: _____

AUTHORIZED SIGNATURE: _____

*Note: Charge will be shown on your credit card bill as "Leisure Time Unlimited, Inc.," the owner and producer of the 36th Annual Hotel, Motel and Restaurant Supply Show of the Southeast.