

APPLICATION FORM (FOR PARTICIPANTS)

Name		Date of Birth	
Phone		Mobile	
Email		Country association you represent	

Professional history (last 3 positions)

Year	Establishment	Position	Town/Country

Actual experience in judging in WACS Approved Competitions (last 3 - additional information can be sent in attachment)

Year	Name of competition	City/Country	Classes judged

WACS Approved Competition you have competed in (last 3)

Name of Competition	Results

Linguistic skills

First	
Second	
Third	

My speciality area is (please mark all that apply):

<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Ice Carving	<input type="checkbox"/> Cold Platters/Plates
<input type="checkbox"/> Live Competitions	<input type="checkbox"/> Team Competition	<input type="checkbox"/> Individual Competition	<input type="checkbox"/> Hot Food-Served Cold
<input type="checkbox"/> Bakery/Bread	<input type="checkbox"/> Pastry	<input type="checkbox"/> Edible Buffet	<input type="checkbox"/> Other <input type="text"/>

Request to attend a Judging Seminar in (country):

Date:

Please note: This form must be accompanied with a signed letter from your WACS Member Country President along with a letter of verification from your WACS Continental Director. If you are a WACS Member Country President then the letter must be signed by your board. By signing this letter, I declare on my honour that the above information is true.

Signature of
Applicant:

Country Association President
Name and Signature
Country

WACS

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Return Form To

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