



Midwest Culinary Institute (MCI) American Culinary Federation (ACF) Culinary Salon

October 12 & 13, 2024



American Culinary Federation
The Standard of Excellence for Chefs

Participant(s): Thank you for completing the information below. This document is necessary to support and verify certification requirements. The Culinary Competition Manual can be viewed at www.acfchefs.org

Competitor's Information

Competitor's Name _____

ACF Member # _____

Mailing Address _____

Telephone _____

Email _____

Company or School Name _____

Type of Establishment

- Restaurant
 Hotel
 Club
 Hospital
 School
 Other

First _____ Middle _____ Last _____

Are you a Member of the ACF? Yes No

Street Address _____

City _____ State _____ Zip _____

Preferred Contact Number day of competition _____ Other Number _____

This is the primary way you will be contacted, please **PRINT CLEARLY**

Categories Competing In

Professional & Student Categories: Please check the category and specify the number you are participating in. **Competitors Note:** All small ware and equipment must be supplied by the competitors.

PROFESSIONAL Categories

A=Specify 1-6 B=Specify 1-4 C=Specify 1-5 D=Specify 1-4

F 4 or 5 KP 1 or 2 KC KG Other (must be approved by show chair and lead judge)

STUDENT Categories

SA SB SC SD SK=Specify 1-9 SP=1or2 SW

Other (must be approved by show chair and lead judge)

Competition Category Fees

Checks, Credit Cards, Vimeo or Zelle accepted.
Please make checks payable to: Cincinnati State, put MCI Salon in memo

***** Spots are limited, there is no guarantee of space till paid in full and acknowledged by the show chair*****

Professional:		# of Categories	Total Amount Due
Fee Per Categories A, B, C, D, KP, KC, and KG	\$125 x Number of Categories Entering	_____	Total \$ _____
Fee Per Mystery Box F-4	\$200 x Number paying for	_____	Total \$ _____
Fee Per Mystery Box F-5	\$375 per team x Number of teams paying for	_____	Total \$ _____

Student:		# of Categories	Total Amount Due
Fee Per Categories SA, SB, SC, SD, SP, and SK	\$65 x Number of Categories Entering	_____	Total \$ _____
Fee Per for MCI Student or CCP affiliate	\$35 x Number paying for	_____	Total \$ _____
Fee Per SW	\$50 x Number paying for	_____	Total \$ _____

Other		# of Categories	Total Amount Due
Fee Non-ACF Member add additional	\$25 x Number of Non-Members	_____	Total \$ _____
Fee Per Other Category	\$ to be determined by Show Chair and Lead Judge	_____	Total \$ _____

Please indicate method of payment: Check Credit Card Vimeo Zelle Grand Total \$ _____

Participant(s) Signature _____
Mail or Email Completed Form to: Chef Betsy LaSorella | Cincinnati State | 3520 Central Parkway | Cincinnati, OH 45223-2690
email: mary.lasorella@cincinnati.state.edu (subject: MCI ACF Culinary Salon)

Please make check payable to Cincinnati State. In memo write "ACF Salon", receipt of fee confirms application. Payment MUST BE PAYED IN ADVANCE and is non-refundable after September 27, 2024. The undersigned, do hereby pledge myself to observe the rules and regulations of the ACF of Cincinnati and Midwest Culinary Institute and the guidelines as established in the ACF Competition Manual revised October 2023. Competition manuals can be found at www.acfchefs.org, and to abide by the decisions of the judges. I acknowledge that the ACF of Cincinnati and the Midwest Culinary Institute and their agents are not responsible for breakage or loss of property, before, during or after the MCI ACF Culinary Salon October 12 & 13, 2024.

Participant Signature _____ Date _____

Participant Signature _____ Date _____

Show Information <https://www.cincinnati.state.edu/mcicompetition/>

Name of Competition: MCI ACF Culinary Salon

Date of Competition: Saturday October 12 & Sunday October 13, 2024

Location of Competition: Midwest Culinary Institute at Cincinnati State | 3520 Central Parkway | Cincinnati, OH 45223 | College phone: 513-569-1500

Show Chair: Chef Betsy LaSorella CEPC email: mary.lasorella@cincinnati.state.edu phone: 513-569-1568