APPLICATION FOR CCFCC-APPROVED CULINARY JUDGE

To: Chairman, CCFCC Culinary Committee

I hereby apply to be a CCFCC-approved culinary judge. I understand it is my responsibility to complete all prerequisites as outlined in the CCFCC Culinary Judge Program. I further understand that upon completion of all prerequisites, my qualifications for judging will be reviewed by the committee, and their determination as to my approval or requirement for additional training will be final.

First Name *Initial* *Last Name*

Street Address *City* *Prov.* *Postal Code*

Tel: (Home) *Tel: (Bus.)* *Cell*

Fax *Email*

CCFCC Number *Branch* *Date of Birth (mm/dy/yr)*

Employer *Position*

Street Address *City* *Prov.* *Postal Code*

Competition Experience - CCFCC and WACS (attached additional sheets if required)

Medal	Competition	Date

Signature (Applicant) *Date*

Signature (CCFCC Branch President) *Date*

Approved for Judge in Training

Signature (Culinary Committee Chair) *Date*