**California Milk 2017 Culinary Challenge**

**October 18, 2017 (Wednesday)**

Chinese Cuisine Institute, 7/F Pokfulam Complex

薄扶林訓練中心綜合大樓7樓

**Participation Form 報名申請表格**

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| Establishment Information參賽單位資料 |
| Name of Establishment 參賽單位名稱 |  |
| Name of Supervisor 負責人姓名 |  |
| Contact Number 聯絡電話 |  | Contact Email 聯絡電郵 |  |
| Contact Address聯絡地址 |  |
| Signature 簽署 |  | Date 日期 |  |
|  |  |
| Competitors Information 參賽者資料 |
| Name of Competitor (1) 參賽者姓名 |  | ID Number身份證號碼 |  |
| Date of Birth 出生日期 |  | Position 職位 |  |
| **Declaration: I agree to abide by the Rules and Regulations of the CM Milk 2017 Culinary Challenge****聲明: 我同意遵守比賽的所有規則及章程** |
|  | Signature of Competitor (1) 參賽者簽署 |  |
|  |  |  |
| Name of Competitor (2) 參賽者姓名 |  | ID Number身份證號碼 |  |
| Date of Birth 出生日期 |  | Position 職位 |  |
| **Declaration: I agree to abide by the Rules and Regulations of the CM Milk 2017 Culinary Challenge** **聲明: 我同意遵守比賽的所有規則及章程** |
| Signature of Competitor (2) 參賽者簽署 |  |

*\*Please note that competition slots are limited, apply soonest to reserve your competition slot. You will be notified your registration status on or before Oct 3.*