eptember 27, 2025

**Location of Competition** 

**Show Chair** 

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

October 11 & 12, 2025

American Culinary Federation

Participant(s): Thank you for completing the information below. This document is necessary to support and Competitor's Information verify certification requirements. The Culinary Competition Manual can be viewed at www.acfchefs.org Competitor's Name ACF Member # Are you a Member of the ACF? Yes l No Mailing Address Street Address City Telephone Preferred Contact Number day of competition Other Number **Fmail** This is the primary way you will be contacted, please PRINT CLEARLY Company or School Name Restaurant Hotel Club Hospital School Other Type of Establishment Professional & Student Categories: Please check the category and specify the number you are participating in. Competitors Note: All **Categories Competing In** small ware and equipment must be supplied by the competitors. A-1 thru A-4 B-1 thru B-3 C-1 thru C-5 D-1 thru D-4 E-1 thru E-4 F-4 & F-5 **PROFESSIONAL** Categories FP-1 & FP-2 KC-1 thru KC-11 **KP-1 & KP-2** Other (must be approved by lead judge) **STUDENT** Categories SKC-1-12 SP-1-3 SKS-1 SPS-Checks accepted or pay with credit card through Eventbrite page: https://www.eventbrite.com/e/mci-acf-culinary-salon-registration-1064571986469?aff=oddtdtcreator **Competition Category Fees** 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, E, KP, KC, and KG \$125 x Number of Categories Entering Total \$ Fee Per Mystery Box F—4, FP—1 or 2 \$250 x Number paying for Total \$ Fee Per Mystery Box F-5 \$375 per team x Number of teams paying for Total \$ # of Categories **Total Amount Due** Fee Per Categories SA, SB, SC, SD, SP, and SKC \$65 x Number of Categories Entering Total \$ Fee Per for MCI Student or CCP High School Student \$35 x Number paying for Total \$ Fee Per SKS or SPS \$35 x Number paying for Total \$ Fee Per SW \$50 x Number paying for Total \$ # 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 \$ **Grand Total \$** Mail or Email Completed Form to: Chef Betsy LaSorella | Cincinnati State | 3520 Central Parkway | Cincinnati, OH 45223-2690 Participant(s) Signature email: mary.lasorella@cincinnatistate.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 nonrefundable after September 27, 2025. The undersigned, do herby pledge myself to observe the rules and regulations of the ACF Greater Cincinnati and Midwest Culinary Institute and the guidelines as established in the ACF Competition Manual revised April & September 2024 (competition manuals can be found at www.acfchefs.org), and to abide by the decisions of the judges. I acknowledge that the ACF Greater 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 11 & 12, 2025. **Participant Signature Date** Participant Signature -Date https://www.cincinnatistate.edu/mcicompetition/ **Show Information** Name of Competition MCI ACF Culinary Salon Saturday October 11 & Sunday October 12, 2025 **Date of Competition** 

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

Chef Betsy LaSorella CEPC email: mary.lasorella@cincinnatistate.edu phone: 513-569-1568