

Entry Form

Please complete this entry form and return to:

Annunziata Thompson
Event Coordinator
Tasting Australia

GPO Box 1972
Adelaide SA 5001

Telephone: 08 8463 4698
Fax: 08 8463 4718

Electronic copies of the entry form can be found at tasting-australia.com.au

Team Details

Team Name _____

Region Team is representing _____ State _____

Company team is representing (if applicable) _____

Team Members

1. _____ (Team Captain)

2. _____

3. _____

Apprentice Name/s

1. _____

2. _____

Team Captain's Contact Details

Please note that majority of correspondence will be done by email.

Email _____

Telephone _____

Mobile _____

Fax _____

Postal address _____

I have read, understood and accept the conditions of entry for the 2010 LifeStyle FOOD Channel Australian Regional Culinary Competition.

Signature _____

Name (please print) _____ Date _____

Please keep a copy of the completed entry form for your files.