**Team Details Form**

Please ONLY type information

Please email to your Competition Convenor with School Registration form AND photo ID for entrants & teachers

|  |  |
| --- | --- |
| Team Leader |  |
| Name |  |
| Email |  |
| Mobile |  |
| Address |  |
|  |  |
| Date of birth  |  |
| Emergency Contact |  |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include Medi alerts) |
|  |  |
|  |  |
| Dietary Requirements (Please list) |
|  |  |

I permit my name and any photographs of myself to be released to the media for promotional purposes for regional SSCC & National SSCC should my team be successful

Signed Date

**A Parent or Guardian must give permission and sign below if the student is under 18 years of age.**

I, give permission for

To enter and compete in the Secondary Schools Culinary Challenge & if the successful, compete in National Secondary Schools Culinary Challenge & permit any photographs of them to be released to the media for promotional purposes

Parent or Guardian Signature: Date:

**Team Details Form**

Please ONLY type information

Please email to your Competition Convenor with School Registration form AND photo ID for entrants & teachers

|  |  |
| --- | --- |
| Team Assistant |  |
| Name |  |
| Email |  |
| Mobile |  |
| Address |  |
|  |  |
| Date of birth  |  |
| Emergency Contact |  |
| Name |  |
| Phone Number |  |
| Relationship |  |
| Medical Conditions, Allergies, Medications (Please include Medi alerts) |
|  |  |
|  |  |
| Dietary Requirements (Please list) |
|  |  |
|  |  |

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