**INFORMATION FORM**



**To enter the RCL Young Chefs & Bakers Challenge:**

1. **Fill in the details below.**
2. **Email the information form together with the 2 recipe templates and images to** [**competitions@sachefs.co.za**](mailto:competitions@sachefs.co.za) **by no later than 02 August 2024**

|  |  |  |
| --- | --- | --- |
|  | **Chef A** | **Chef B** |
| **Full Name(s) as written in ID card/book:** |  |  |
| **Surname:** |  |  |
| **Date of Birth YYYY/MM/DD:** |  |  |
| **Age @ 3rd Oct 2024** |  |  |
| **ID Number:** |  |  |
| **Mobile Number** |  |  |
| **Email Address** |  |  |
| **Province** |  |  |
| **Culinary School** |  |  |

**ACKNOWLEDGMENT OF TERMS & CONDITIONS UNDERSTANDING**

**Young Chefs & Bakers Challenge 2024**

Name of Recipient (Chef A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone number of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby confirm and acknowledge that I have read & understood the Competition Terms & Conditions.

I confirm that I am not a director, member, partner, employee, agent or consultant of or any other person who directly or indirectly controls or is controlled by RCL Group Services Proprietary Limited or marketing service providers in respect of the Competition. I further confirm that I am not the spouse, life partner, business partner or an immediate family member of anyone referred to above.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT OF TERMS & CONDITIONS UNDERSTANDING**

**Young Chefs & Bakers Challenge 2024**

Name of Recipient (Chef B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone number of Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_