



10th International

Culinary Competition of Southern Europe
Thessaloniki, Greece

3 - 6 March 2017



Thessaloniki International Fair
Pavillion 3



Organized by:



Co-Organized by:



Endorsed by:



Supported by:



TEAM ENTRY FORM

Team Name _____
 Country _____
 Company, Association or School Name _____
 Address _____
 Post Code _____ Phone Number _____
 E-mail Address _____

Team Member's Name

1 First Name _____
 Last Name _____

2 First Name _____
 Last Name _____

3 First Name _____
 Last Name _____

Please, fill dark space at the right of the table beside the categories in which you want to compete, with an X mark.

PROFESSIONAL COMPETITION	P5 Team of the Year (Grand Prix)
STUDENT COMPETITION	P2 School of the Year

ENTRY FORM INDIVIDUAL

First Name _____
 Last Name _____
 Age _____ Country _____
 Address _____
 Post Code _____ Phone Number _____
 E-mail Address _____
 Mobile Number _____
 Passport Number _____

Please, fill dark space at the right of the table beside the categories in which you want to compete, with an X mark.

ART CLASSES	D1 Vegetable fruit carving / cheese carving
	D2 Open showpiece
	D3 Wedding Cake
HOT PROFESSIONAL CHEF CLASSES	A1 Beef cuts
	A2 Lamb
	A3 Fish
	A4 Poultry
	A6 Pasta Free style
	A8 Vegetarian
	A9 Restaurant Dessert
	A10 Greek Modern Cuisine
	A11 Two To Tango
	P3 Chef of the Year (GRAND PRIX)
DISPLAY COLD CLASSES	C1 Show platter of Meat-Poultry-Lamb
	C2 Finger Food
	C3 Show platter of fish
	C4 Desserts Resturant
	C5 Petit Fours
LIVE COMPETITION (CARVING)	Lp1 Fruit and vegetable carving (Proffessional)
	Ls2 Fruit and vegetable carving (Student)
HOT STUDENT CHEF CLASSES	B1 Fish
	B2 Risotto
	B3 Pasta
	B4 Vegetarian
	B5 Pork
	B6 Traditional Greek Dish
	B7 Lamb
	B8 Restaurant Dessert
	B9 Salad with combination
	B10 Two To Tango
P1 Student Chef of the year	
P4 Student Pastry of the year	



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Chefs Association of North Greece | www.chefsclub.gr | e-mail: info@chefsclub.gr

**Please send the Entry Form
 before 20 FEBRUARY 2017
 by e-mail at iccse17@gmail.com**

Method of payment of Participation Fees

All payments to be subscribed to the following account:

Bank: National Bank of Greece
Account number: 223/480299-39
IBAN: GR 5601102230000022348029939
SWIFT-BIC: ETHNGRAA
Beneficiary: LESCHI ARCHIMAGEIRON ZACHAROPLASTON VOREIOY
 ELLADOS, OLYMPIOS ZEUS

For deposit from abroad 4€ + free of local bank
 Send the confirmation of payment by e-mail at iccse17@gmail.com

**I declare that I have read and I fully accept
 the General Competition Rules and Regulations.**

Date of application (DD/MM/YYYY): - -

Name:

Signature: