

8th – 10th November 2022 Championship Participation Form

(I) Competition Categories

(please tick the relevant box, note that each individual can only participate in one category)

Competition Category	Professional Bakers (\$150)			
	☐ Bread			
	☐ Cake (team of 2)			

(II) Participant's Details

(*delete where necessary, ^complete only if you are participating in Professional Bakers - Cake Category)

(1)	Participant Name:				
	Company Name / Institution Name*:				
	Designation:				
	Company / Personal Address*:				
	Contact Number:			Date of Birth:	(ddmmyy)
	Email Address:				
	No. of years of experience in the baking industry:	☐ at least 2 years	□ 2-5	years □ ≥	5 years
(2)^	Participant Name:				
	Company Name / Institution Name*:				
	Designation:				
	Company / Personal Address*:				
	Contact Number:			Date of Birth:	(ddmmyy)
	Email Address:				
	No. of years of experience in the baking industry:	☐ at least 2 years	□ 2-5	years □ ≥	5 years

(III) Entry/Product Details (To be submitted latest by 15 October 2022)

Entry/Product Theme:						
Recipe (please indicate if the	there are allergens)					
Ingredients: (do indicate respective ingredients' weightage as well)						
Process/Steps:						

Write-up for work piece: (not more than 200 words, only if you are participating in Cake category)					
V) Equipment List (To be submitted latest by 15					
Equipment to be brought in: (include brand name, model name/number and electrical specification)					
is my original creation. I un the Organiser and Judges I further authorise the use 8	and complete to the best of my knowledge & that the recipe information provided in relation to this participation will b ging process. connection with the Championship, of my name, photogration that no compensation shall be due to me or my Compare	pe used by aphs, video			
I also acknowledge that participation fee is non-refundable in the event the Championship is cancelled for reason beyond the Organiser's control or for withdrawal once this Form has been received & acknowledged by the Secretariat.					
Name of Signatory(s)	Signatory(s)				
Designation (if any)	NRIC/Passport No(s). (Last 4 digits	s & letter)			
Date					