

MISSISSIPPI JUNIOR CHEF COMPETITION APPLICATION



JR CHEF COMPETITION: "SAVOR THE FLAVOR OF MISSISSIPPI"



HIGH SCHOOL TEAM APPLICATION (SY:2025-2026)

*Team Name:

*School District:

*School Name:

*Address:

*City:

*State:

*ZIP Code:

CULINARY ARTS INSTRUCTOR/COACH CONTACT INFORMATION

*Instructor Name:

*Address:

**Phone:

**Email:

*Fax:

*City:

*State:

*ZIP Code:

SCHOOL FOOD SERVICE ADMINISTRATOR (SFSA) INFORMATION

* SFSA Name:

Address:

**Phone:

City:

State:

ZIP Code:

**Email:

STUDENT TEAM MEMBER INFORMATION (2-4 MEMBERS ONLY)

*Name

*Name

*Name

*Name

*Alternate Name

SIGNATURES

I verify that the information provided on this form is correct and I agree with the terms for participating. I have received a copy of this application.

*Signature of Superintendent:

Date:

*Signature of Instructor:

Date: