

Savor the Flavor of Mississippi

Jr. Chef Competition

“Packet” Application



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Competition Coordinator

MS Department of Education-Office of Child Nutrition (MDE-OCN)
Jr. Chef Competition: SY 2024-2025
“Savor the Flavor of MISSISSIPPI”

Please return the Consent Waiver Form and Team Application. Team Instructors must comply with the rules listed below.

Instructor understands they must:

- Comply with all the rules and regulations for recipes and competition.
- Be present during the competition.
- Submit the *Consent Waiver and Team Application* to the MDE/OCN office no later than **Friday, September 13, 2024, by 2:00 p.m.**
- Submit a recipe along with the Nutrient Analysis no later than **Monday, September 30, 2024.**
- Analysis may be performed by one of three (3) ways:
 - Contact our local Food Service Director for assistance.
 - Request the Office of Child Nutrition’s Registered Dietitian (RD) to perform the analysis.
 - Use a Nutrient Analysis Program to analyze your recipe; this method must be approved by the OCN staff.

Team Requirements:

- Each School District/Culinary Arts Program *cannot* register more than **three (3) teams**.
- Team members must have on attire that is neat and clean.
- Team members are not allowed to wear:
 - Nail Polish
 - Excessive Jewelry (large hoop earrings, bracelets, rings/nose rings)
- Team members must vacate the premises once their competition/timeframe is complete.
- Team members must read and understand the rules and conditions associated with the Jr. Chef competition. Failure to comply could result in team elimination.

Instructor Signature _____ **Date** _____

Please scan (in color) and email the Consent Waiver and Team Application to: acatchings@mdek12.org



JR CHEF COMPETITION: "SAVOR THE FLAVOR OF MISSISSIPPI"



HIGH SCHOOL TEAM APPLICATION (SY:2024-2025)

*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: