



## CULINARY COMPETITION REGISTRATION FORM



Please fully complete this registration form and sent via fax or email to Michelle Romero at (502) 589-3602 or [culinarycompetition@healthcarefoodservice.org](mailto:culinarycompetition@healthcarefoodservice.org). Applications must be received by April 14<sup>th</sup>. Teams must consist of an AHF operator member and a member of their culinary staff.

### AHF MEMBER OPERATOR

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

Title: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CULINARY ENTRANT

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## RECIPE ENTRY REQUIREMENTS

- List ingredients: product, prep method, quantity and unit.
- List sub-recipes for all sides in order of preparation.
- List all procedures for cooking, assembly and service.
- List any small appliances that would be used on-site  
- **See rules for list of permitted appliances**
- List raw food costs for one (1) finished plate.
- Biography for each contestant (maximum of 150 words each).
- Provide contestants' team color photo (JPEG format / 300 DPI).
- Provide a color finished plate photo (JPEG format / 300 DPI).

## ENTRY INFORMATION

Recipe Created By: \_\_\_\_\_

Recipe Title: \_\_\_\_\_

Yield: \_\_\_\_\_ X \_\_\_\_\_ Portions  
*How many* *Weight in ounces*

### **Please break down costs in the following categories:**

*(Raw food cost for one portion of completed recipe is not to exceed \$5.00. Please use \$0.65 for the cost of the 5 oz. chicken breast and \$0.17 for the cost of one slice of bacon; these are the estimated manufacturer prices.)*

Entrée: \$ \_\_\_\_\_ Sides: \$ \_\_\_\_\_

Sauces: \$ \_\_\_\_\_ Garnish: \$ \_\_\_\_\_

**Total raw food for one finished plate: \$ \_\_\_\_\_**

## NUTRITIONAL INFORMATION *(Please include per portion/plate):*

Calories \_\_\_\_\_

Fat \_\_\_\_\_ (grams)

Sodium \_\_\_\_\_ (milligrams)

## RECIPE DESCRIPTION

Please submit your team's recipe on a separate sheet using the format provided in the example below:

**Description:** *Grilled Pork in a cucumber sauce with a special garnish and inspired accompaniment.*

Cooking Temp: 350°	Yield: 6 portions
Prep Time: 35 minutes	Cooking Time: 40 minutes

### Ingredients and Instructions (EXAMPLE)

Tyson® Boneless Center Cut Pork Chop – 6 oz. 6 each  
(product code 011170-1208)

#### Cucumber herb sauce:

Cucumber	1 each
<i>Peeled, deseeded, finely grated or chopped and drained.</i>	
Yogurt – plain	1 cup
Sour cream – low fat	1 cup
Cilantro – fresh (leaves only)	2 tablespoon
<i>Washed, dried and finely chopped</i>	
Dill weed – dried	1 teaspoon
Chives – fresh	
<i>Fine dice</i>	
Lemon juice	1 tablespoon
Salt	To taste

#### Method of Preparation:

1. Slack pork overnight in refrigerator to defrost.
2. Combine chopped cucumber, herbs, yogurt, sour cream, lemon juice and salt & pepper in a bowl, mix well.
3. Grill Pork loin till golden brown and internal temperature reaches 160°.
4. Slice pork loin and fan out on plate.
5. Serve cucumber salad in a fresh radicchio leaf next to pork.

## CONDITIONS OF ENTRY

***By typing your name and that of the AHF Operator member above, you confirm the following:***

- ✓ All information on this entry form is accurate.
- ✓ The recipe(s) is an original recipe (never before published).
- ✓ You have read the 2010 AHF Inaugural Culinary Competition Contest Rules.
- ✓ Either you or the AHF Operator on your registration form is a member in good standing of AHF.
- ✓ You have provided a biography for each contestant (maximum of 150 words each).
- ✓ You have provided contestants' team color photo (JPEG format / 300 DPI).
- ✓ You have provided a color finished plate photo (JPEG format / 300 DPI).

**Complete and return this form to Michelle Romero  
at AHF Headquarters no later than  
**Wednesday, April 14, 2010.****

*Thank you for participating!*

**Michelle Romero**  
AHF Headquarters  
455 South Fourth Street, Suite 650  
Louisville, KY 40202

(502) 574-9942

FAX: (502) 589-3602

[culinarycompetition@heathcarefoodservice.org](mailto:culinarycompetition@heathcarefoodservice.org)