

Please Check  Adult Team  Youth Team

## Cabarrus Chef Challenge Application

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

Group Lead: \_\_\_\_\_

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

Team Member Names (Max 10 Team Members):

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

1) Why is your group interested in participating in the Cabarrus Chef Challenge?

2) Does your team have cooking or baking experience?

3) **(YOUTH TEAMS ONLY)** Each youth team will need to submit a mood board. The mood board for your restaurant will explain in the detail the concept of the restaurant and menu. Please see the mood board information page at [www.cabarrushealth.org/chefchallenge](http://www.cabarrushealth.org/chefchallenge).