



# The Professional Baking Competition Application Form

## America's Baking and Sweets Show

PLEASE PRINT ALL INFORMATION AND USE ONLY ONE FORM FOR EACH CATEGORY.  
Entries are non-refundable.

Please print clearly

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

(Only the exhibitor's business name will be recognized at the show; non-exhibitor recognized by personal name only.)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ MOBILE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

**Exhibitors:** No charge entry fees for any category.

**Non-Exhibitors:** Entry Fees \$20.00 per category. TOTAL ENCLOSED: \$ \_\_\_\_\_

Please return this form by mail, fax or email to:



**America's Baking and Sweets Show**

836 S. Arlington Heights Road, #204

Elk Grove Village, IL 60007

Tel: 312 450-2574 Fax: 877 709-5130

fedele@americasbakingandsweetsshow.com

CHECK

Make check payable to: America's Baking and Sweets Show.  
\$25.00 charge for returned checks.

VISA

MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ / \_\_\_\_\_ CVC#: \_\_\_\_\_

CARD HOLDER'S NAME  
NAME (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### RELEASE OF LIABILITY/PHOTO RELEASE

By signing this application, I hereby give permission of my entry/entries to be photographed and published by the press for promotion of America's Baking and Sweets Show. I hereby agree to abide by the rules and regulations of the show, including not removing my entry /entries before the close of the show. I understand that neither America's Baking and Sweets Show nor the Renaissance Schaumburg Convention Center assumes any responsibility for loss, theft or damage to displays or personal items at the show. I will abide by the decisions of the judges. I understand that failure to comply with any rule will result in my entry being disqualified.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_