**Competition APFM**



**Bien manger... à la française!**

**Application Form**

**Name of participating school:** ...…………..…………………………………………………………....………

**Address of school:** ……………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………..

**Tel. No. of school:** …………………………………

**Number of participating students:** …………………………….

**Name of teacher in charge:** .………...…………………………………………………………………..............

**Email address of teacher in charge:** …………………………………………………………………………

**Signature of teacher:** …………………………………….

**Signature and stamp of Head of School:**…………………………………….

**Date:** …………………………….

|  |  |  |
| --- | --- | --- |
| **1 or 2 students** | **Class :** |  |
|  | **Name and surname of Students** | **Recipe name** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |

Closing date for applications is **Wednesday, 6th November 2019**. Application forms have to be scanned and sent by the teachers to apfmalte@gmail.com**.** An email acknowledging receipt of the application forms will be sent to the teacher in charge.

**The information collected on this form shall be processed in accordance to the Data Protection Act 2001. The contents in this document are confidential and intended solely for the use of this competition and will not be copied or disclosed to anyone without the person’s consent.**