



National Coalition of 100 Black Women, Inc.
Metropolitan Atlanta Chapter



**GOURMET GENTS
GENT'S APPLICATION**

Gent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (W) _____ (H) _____ (Cell)

Email _____

Company: _____ Occupation: _____

Alumni Gent (participated 5 consecutive years): ____ Yes ____ No

If Yes, How many years have you participated as a Gent? _____

FOOD CATEGORIES: (check only one)

_____ Appetizer _____ Main Course _____ Vegetarian/Side dish _____ Dessert

Name of Dish: _____

(NOTE: Please prepare enough for 500 guests to SAMPLE (e.g. SAMPLE is table spoon or bite-size piece)

Warming dish needed: ____ Yes ____ No Ice needed: _____ Yes _____ No

Special Table Needs: _____

Special Needs for Set-Up: _____

Want to be judged? _____ Yes _____ No

(NOTE: If you are entering your dish to be judged, a panel of 3 judges will sample your dish. You must be present and set up by 1:00pm or you cannot be judged)

Sharing Table: _____ Yes _____ No

(NOTE: To share a table, both Gents must prepare dishes in the same food category. Please provide the name of Gent sharing a table with you and he must indicate your name on his application)

If Yes, Name of Gent Sharing Table: _____

Referred by: Coalition Sister's Name _____

If you have questions, please call the Coalition office at 404.522.1061

FAX GENT APPLICATION TO COALITION OFFICE AT 404.522.6436

APPLICATION DEADLINE: Friday, October 30, 2009