The International Wine & Food Society

EUROPEAN AND AFRICAN AREA

Nomination for a Restaurant Award

Date of Application.....

COUNTRY BRANCH

DATE OF FUNCTION TYPE OF FUNCTION

FULL NAME & ADDRESS OF VENUE

Food	**Wines**
IN ORDER OF SERVICE	IN ORDER OF SERVICE GIVING DESCRIPTION, YEAR & COUNTRY OF ORIGIN

CHEF DE CUISINE MEMBER IWFS?

PROPRIETOR/MANAGER MEMBER IWFS?

P.T.O.

PDF created with pdfFactory trial version www.pdffactory.com

Attendance

No. OF IWFS MEMBERS PRESENT? No. OF GUESTS?

SIGNATURES OF SUPPORTING MEMBERS

Supporting narrative

CONTINUE ON A SEPARATE SHEET IF NECESSARY

HAS THIS RECOMMENDATION BEEN DISCUSSED WITH AS MANY OF THOSE MEMBERS AS POSSIBLE?

HAS THIS ESTABLISHMENT PREVIOUSLY WON AN AWARD, AND IF SO, WHEN?

IN WHICH YEAR DID YOUR BRANCH RECEIVE ITS CHARTER?

HOW MANY PAID.UP MEMBERS OF IWFS (JOINT MEMBERSHIPS COUNT 2) DO YOU HAVE?

Application for an Award requires the consent of a Branch Committee or a Society Officer

NAME OF APPLICANT BRANCH OFFICE HELD

ADDRESS

TEL. No. SIGNATURE

Email ADDRESS

The completed form and any enclosures should be sent direct to the Awards Officer at the address given in the EAC Committee List in the Members-only Area of **www.iwfs.org/eac** .

PDF created with pdfFactory trial version www.pdffactory.com