

Culinary Arts Competition Command Information Survey

Information provided will assist the PAO CI staff in telling Your Story and highlighting this competition to media outlets.

Branch of Service: Choose an item.		Team/Individual: enter text.	
First Name: Click here to enter text.		Last Name: enter text.	
Rank (spell out): Choose an item. enter text.		Age: age	Time in Service: enter text.
Date of Rank: date.	MOS/Rating (Spell Out): enter text.		
Current Unit of Assignment (Full Name and Location): Click here to enter text.			
E-mail Address: Click here to enter text.			
Have you been Deployed: Yes <input type="checkbox"/> No <input type="checkbox"/>	When: Click here to enter text.	Where: Click here to enter text.	
Hometown (City, State): Click here to enter text.			
Is this your first culinary arts competition? If not, how many times have you competed and when? Click here to enter text.			
What does competing in the largest U.S. culinary competition mean to you? Click here to enter text.			
Why did you choose to become a military Culinarian in your branch of service? Click here to enter text.			
What is the most interesting part of being a culinary artist? Click here to enter text.			

How important are food service professionals to the military? Why?[Click here to enter text.](#)

What do you think is the key to winning your specific event(s)? Why?[Click here to enter text.](#)

How did you prepare for this competition (mentally and physically)?[Click here to enter text.](#)

Do you have any culinary influences (role models, styles)?[Click here to enter text.](#)

Do you have any culinary training aside from your military training? What is your culinary experience outside of the military?[Click here to enter text.](#)

What is your favorite meal to make? Why?[Click here to enter text.](#)

What is a culinarian's most dependable utensil in the kitchen? [Click here to enter text.](#)

What is your favorite culinary memory?[Click here to enter text.](#)

HOMETOWN NEWS RELEASE INFORMATION									
1. PAO CODE			PRINT OR TYPE - SEND ORIGINAL ONLY				FOR RELEASING PUBLIC AFFAIRS OFFICE USE ONLY		
8	2	9							
2. YOUR SOCIAL SECURITY NUMBER (For identification only)									
PRIVACY ACT STATEMENT									
<p>AUTHORITY: 5 U.S.C. 301, 10 U.S.C. 8012 and 8034, and EO 9397. PRINCIPAL PURPOSE: To prepare news stories and news releases for distribution and publication by civilian news media to recognize the achievements of Army and Air Force members. In accordance with the 1974 Privacy Act, you are hereby informed that your Social Security Number on this form is required for identification use only. ROUTINE USE: Information may be disclosed to civilian news media representatives. Once published, information is considered "Public Domain." DISCLOSURE: Information collected on this form is released over your signature and is voluntary. If you have no objection to the information being released to hometown audiences, sign your name below. Failure to provide the information may mean little or no public news release material can be produced, thus denying the individual public recognition for personal achievements.</p>									
3. BRANCH OF SERVICE		4. STATUS		5. RANK		6. YEAR GRADUATED		8. SEX	
<input checked="" type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD		<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> CIVILIAN							
9. EVENT (Example: Arrival; Promoted to Sergeant; Received Commendation Medal, etc.- Citation Needed)									
Participated in the 33rd Annual U.S. Army Culinary Arts Competition held at Fort Lee, Virginia, March 11-21, 1988.									
10. YOUR LIVING PARENTS, STEPPARENTS, GUARDIANS, AUNT/UNCLE/GRANDPARENTS OR ADULT SIBLINGS									
a.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME					(2) RELATIONSHIP TO YOU				
(3) ADDRESS (Number and Street)					(4) CITY		(5) STATE		(6) ZIP CODE
b.(1) FIRST NAME, MIDDLE INITIAL, LAST NAME					(2) RELATIONSHIP TO YOU				
(3) ADDRESS (Number and Street)					(4) CITY		(5) STATE		(6) ZIP CODE
11. SPOUSE'S NAME (First, Middle Initial, Last)									
12. SPOUSE'S LIVING FATHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME									
b. ADDRESS (Number and Street)					c. CITY		d. STATE		e. ZIP CODE
13. SPOUSE'S LIVING MOTHER a. FIRST NAME, MIDDLE INITIAL, LAST NAME									
b. ADDRESS (Number and Street)					c. CITY		d. STATE		e. ZIP CODE
14.a. YOUR PRESENT UNIT OF ASSIGNMENT (Do not abbreviate)			b. POST OR BASE (Not APO)		c. CITY			d. STATE OR COUNTRY	
15. DUTY MOS OR AFSC				16. PRESENT JOB TITLE (Full Title - Do not abbreviate)				17. TOTAL YEARS MILITARY SERVICE	
18.a. HIGH SCHOOL GRADUATED FROM			b. YEAR GRADUATED		c. CITY		d. STATE		e. ZIP CODE
19. COLLEGES GRADUATED FROM									
a. COMPLETE NAME			b. DEGREE	c. YEAR GRADUATED		d. CITY		e. STATE	f. ZIP CODE
20. REMARKS (Continue on back if necessary)									
21. SIGNATURE OF PERSON LISTED ABOVE (Authorizing release of this information)						22. DATE (YYMMDD)		23. DUTY PHONE (DSN or area code)	

Go to the web, complete the form, print, scan, and then email to PAO