REPUBLIC OF THE PHILIPPINES

PROVINCE OF NEGROS OCCIDENTAL

MUNICIPALITY OF ENRIQUE B. MAGALONA

OFFICE OF THE MUNICIPAL MAYOR





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| **Nominating Organization** | | | | | | |
| Name of Organization | | | | | | |
| Address | | | | | | |
| Name of Contact Person | | | | | | |
| Position | | Telephone No. / Mobile No. | | | Fax/ Email Address | |
| **Team Leader** | | | | | | |
| Name in English (Miss/Ms/Mr./other title\*) | | | |  | | |
| Address | | | | | | | |
| Telephone No. | | | Fax | | | |
| (Company) | (Home) | | | (Company) | | (Home) |
| Mobile No. | | | | Email Address | | |
| **Team Member** | | | | | | |
| Name in English (Miss/Ms/Mr./other title\*) | | | |  | | |
| Address | | | | | | | |
| Telephone No. | | | Fax | | | |
| (Company) | (Home) | | | (Company) | | (Home) |
| Mobile No. | | | | Email Address | | |
| **Team Member** | | | | | | |
| Name in English (Miss/Ms/Mr./other title\*) | | | |  | | |
| Address | | | | | | | |
| Telephone No. | | | Fax | | | |
| (Company) | (Home) | | | (Company) | | (Home) |
| Mobile No. | | | | Email Address | | |

Competitor, understand that all judges have been screened and selected by the ORGANIZER and that all decisions and scoring is final and cannot be changed, altered or retracted in anyway. As the Undersigned Competitor, I understand, as stipulated in the Ugyonan Seafood Festival Culinary Competition rules and guidelines, that I have a right to file a complaint if I feel that the judge has violated any of the rules/guidelines or an ethical or unjust decision by the Judging Panel has taken place.

I, the Undersigned Competitor, understand that if I have a grievance or a complaint with the Judge’s Panel I need to first seek a resolution with the Chairman of the Judges of this Culinary Competition. If a resolution is not reached, I understand I am required follow the proper procedure:1. Submit an Official Complaint to the Committee Competition Chair within 15 days of the conclusion of the Culinary Competition. I, the Undersigned Competitor, have read this entire Agreement and I fully understand that it is my responsibility to represent myself in the Official Complaint/Grievance process

Competitor’s Signature:

Printed Name:

Date:

Submitted:

Received by: