Ciudad de La Habra Festival de Tamal

Información Sobre Inscripción en Concurso

Llamando a todos cocineros! Buscamos tamales y salsa para entrar en el Festival de Tamal

Categorías del Concurso

MEJOR TAMALE

MEJOR SALSA

EL PREMIO JUEZ

Información sobre el concurso:

FECHA/ HORA DEL EVENTO: **domingo, 27 de noviembre 2016 de 11:00 a 6:00 p.m.**

UBICACION: **Centro Comunitario de La Habra**
101 W. La Habra Blvd., La Habra, CA 90631

REGISTRO: **10:00 a 11:00a.m.**
En la area del concurso, TBA
Su plato debe estar listo para juzgar a las 11:00 a.m.

CONCURSO/ HORA DE JUZGAR: **11:00a.m. a 12:00p.m.**
(Los ganadores serán anunciados en el escenario a las 12:45 p.m.)

- Se requiere un formulario de inscripción para participar. Las formas pueden ser entregadas con antelación al Centro Comunitario de La Habra, atención David DeLeon o el día del evento en horario de registro (véase arriba)
- Debe preparar su plato en casa. Por favor prepare suficientes porciones (tamaño de muestra) para 10 personas.
- **Participantes deben proporcionar sus propios: platos y utensilios. No se olvide de platos de frotamiento, sterno, agarraderas, cucharas de servir, tenedores y cuchillos.**
- Para mas información, contacte David DeLeon a 562-383-4206 o ddeleon@lahabraca.gov

#LaHabraTamaleFest

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Ciudad de La Habra Festival de Tamal

Formulario de Inscripción en Concurso

NOMBRE: _____

TELEFONO: _____

CORREO ELECTRONICO: _____

CIUDAD DE RESIDENCIA: _____

NOMBRE DEL PLATO: _____

NOMBRE DE FACEBOOK: _____

TWITTER: _____ INSTAGRAM: _____

Cuentanos un poco sobre ti mismo/ la receta y/o la historia de su plato

_____

_____

_____

_____

_____

_____

_____

Receta:

El nombre del plato, el nombre del cocinero, su historia y la receta se mostrara en una tarjeta junto a su plato.

CRITERIOS DE EVALUACION

Los jueces evaluaran:	PUNTOS
1. El grado de dificultad en la preparación	0-15
2. El grado de originalidad	0-15
3. Sabor y palatabilidad	0-15
4. Si es atractivo a la vista/ presentación	0-15

Categorías del concurso

MEJOR TAMAL MEJOR SALSA

EL PREMIO JUEZ

#LaHabraTamaleFest

FECHA LIMITE PARA APLICAR:
viernes, 26 de noviembre 2016

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Se require un formulario del inscripción para participar. Las formas pueden ser entregadas con antelación al Centro Comunitario de La Habra, atención David DeLeon, o el día del evento en horario de registración. (10:00 a 11:00 a.m.)

David DeLeon - 562-383-4206 - ddeleon@lahabraca.gov

RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT

For and in consideration of permitting X_____ to participate in the 2016 Tamale Festival sponsored by the City of La Habra's Department of Community Services, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of participation in said recreational program or any activities incidental thereto wherever or however the same may occur and for whatever period said program may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against the City of La Habra and its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. IT IS THE INTENTION OF X _____ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CLTY OF LA HABRA AND THE RELATED PARTIES MENTIONED HEREIN, FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF ANY PERSON OR ENTITY.

The Undersigned, for him/himself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injuries, property damage or wrongful death shall be prosecuted against the City of La Habra and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, he/she shall defend, indemnify and save harmless the same City of La Habra and the aforementioned related parties from any claim, cause of action, loss, liability, damage, lawsuit, cost or expense (including reasonable attorney's fees) by whomever or wherever made or presented for said personal injuries, property damage or wrongful death.

In case of accident or other emergency, the Undersigned hereby gives permission for the City of La Habra and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, to obtain emergency medical treatment. The Undersigned further agrees to pay any costs incurred as a result of .such treatment. In addition, the Undersigned has been notified that participants involved in City-sponsored recreation programs are subject to being photographed or videotaped, and he/she hereby gives permission for the City of La Habra to use such photographs or videotapes to publicize and promote the City's recreation programs.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS PERSONALLY READ, UNDERSTANDS, AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT, IS FULLY AWARE OF THE POTENTIAL RISKS AND HAZARDS WHICH ARE INHERENT TO ENGAGING IN THE SPECIFIED RECREATIONAL PROGRAM OR ANY ACTIVITIES INCIDENTAL THERETO, INCLUDING BUT NOT LIMITED TO, ANY NEGLIGENT ACTS PERFORMED BY THE CITY OF LA HABRA AND/OR ITS OFFICERS, OFFICIALS, AGENTS, CONTRACTORS, VOLUNTEERS, BOARDS, DEPARTMENTS, SERVANTS OR EMPLOYEES, NEGLIGENTLY CREATED OR MAINTAINED DANGEROUS CONDITIONS OF PUBLIC PROPERTY, WEATHER CONDITIONS, EQUIPMENT, MACHINERY, PLAYING CONDITIONS, OTHER PARTICIPANTS, ON-SITE PHYSICAL PREMISES, STRUCTURES OR SUBSTANTIAL WORKS OF IMPROVEMENT. THE UNDERSIGNED VOLUNTARILY ASSUMES ALL RISKS OF LOSS, DAMAGE, OR INJURY ASSOCIATED WITH HIS/HER PARTICIPATION IN THE SPECIFIED RECREATIONAL PROGRAM OR ANY ACTIVITIES INCIDENTAL THERETO.

_____

Representative Name

_____

Organization/Company Name (If Applicable)

_____

Signature/Date