



Military, Veterans and First Responders face off in a live cooking challenge at the California State Fair. Teams of two will use a mystery ingredient to prepare a 3-course meal in front of a live fair audience and a panel of qualified Judges, in the Cooking Theatre. Space is limited, apply today!

**APPLICATIONS DUE:** Applications are accepted on a first-come-first-served basis

**DATE:** **Thursday, July 25, 2024 "Military, Veteran & First Responder Day!"**

**TIME:** Qualifying Round 1: 12pm-2pm  
Qualifying Round 2: 3pm-5pm  
Final Round: 6pm-8pm

**LOCATION:** California's Kitchen Exhibit in Building B, Cal Expo

**QUALIFICATIONS:** Any team of two veterans, active-duty military or first responders from the same unit/station/veterans organization.

**AWARDS:** Champion (final round) ..... State Fair Golden Bear Trophy  
Reserve Champion (final round) ..... State Fair Rosette  
1<sup>st</sup> Place -3<sup>rd</sup> Place (qualifying rounds) ..... State Fair Ribbon

**AVAILABLE EQUIPMENT:**

- Induction range & oven, microwave, sink and electrical outlet.
- Tools and small appliances typically found in a home kitchen are available.
- Teams are encouraged to bring their own knives or any specialty equipment needed.

**AVAILABLE INGREDIENTS:**

- A mystery ingredient will be provided and MUST be featured in 1 or more dishes.
- The pantry is stocked with a variety of common ingredients for cooking and baking.
- Teams may not bring any outside food or spices into the competition.

## JUDGING CRITERIA

- 30% **Taste:** Complimentary courses, seasoning, flavor, temperature/doneness
- 25% **Presentation:** portion size, harmonious use of garnish, color, slicing/placement
- 20% **Skill Level:** Difficulty of dish, cooking & knife skills, use of ingredients, creativity
- 15% **Use of Mystery Ingredient:** Prominence in meal, good use of ingredient
- 10% **Work Habits & Showmanship:** Food safety and sanitation, organization of work area, professional and courteous, communication with MC and Judges during competition

### Significant Points Deductions:

- Mystery ingredient not featured in any dish (-30 points)
- Food not safe to eat (undercooked) (-20 points per item)
- Less than 3 courses presented (-20 points per absent course)

## CHALLENGE FORMAT:

1. Arrive **30 minutes prior** to your start time to be fitted for a microphone and to sort out any last-minute details.
2. **Start Time:** The MC will introduce the challenge, competitors and Judges. The mystery ingredient will be revealed, then the MC will start the competition.
3. **5 minutes:** to “shop” for food from the kitchen pantry. Chefs may access pantry behind throughout the competition.
4. **5 minutes:** to prep and set up kitchens: preheat ovens, boil water, organize equipment, etc. No cooking or food prep is allowed at this time.
5. **50 minutes:** to cook and plate your meal, which is immediately presented to Judges upon completion.
6. **Judges Evaluate** the dishes behind the scenes while teams clear down kitchens and fair staff distribute any remaining food as samples (Fair staff will also help clean).
7. **Judges Announce the Winners** and ribbons will be presented.

## ADDITIONAL RULES & REGULATIONS:

- **Contestants may not be inebriated, and no alcoholic beverages may be consumed** either in front or back of the set; however, it may be used as an ingredient. Failure to follow this rule may lead to disqualification and prizes will be forfeit.
- Kitchens will be assigned randomly before each round begins.
- No open flame is allowed, including torches and lighters (CA Fire Marshall Regulations).
- Please prepare enough food for 4 standard servings so that food will be available for fair guests to sample.
- Only participating chef may be backstage (space limitations and food safety).
- Teams are encouraged to wear department t-shirts, aprons, or other department/profession paraphernalia.
- Remember the goal of this program is to highlight our hometown heroes, YOU! Please represent yourself and your profession well by being courteous to other teams, demonstrating teamwork and showing good sportsmanship.
- Each participating team member will receive 1 Admission Credential and 1 parking pass to enter the Fair the day of the Challenge. 2 additional credentials will be given to each participating team member for guests.

CONTACT: Michelle Johnson, Program Coordinator  
916.263.3189, mejohnson@calexpo.com



# **Dinner 911!**

## **Cooking Challenge**

APPLICATION DUE DATE: Applications are accepted on a first-come-first-served basis

SUBMIT TO: California's Kitchen, Michelle Johnson  
P.O. Box 15649  
Sacramento, CA 95852

email: mejohnson@calexpo.com  
fax: 916.263.7903  
phone: 916.263.3189

|                 |   |
|-----------------|---|
| Contact Name    | Rank/Title                                      |
| Phone Number    | Cell phone Number <i>(for day of challenge)</i> |
| Mailing Address |   |
| City            | State, Zip Code                                 |
| Email Address   |   |

|               |            |
|---------------|------------|
| Teammate Name | Rank/Title |
|---------------|------------|

|  |
|--|
| Fire/Police/EMT Department Represented |
|--|

Preferred Preliminary Round on Thursday, July 25, 2024

- 12pm-2pm
- 3pm-5pm

I hereby certify that all of the information submitted with my application to compete in the Firehouse Cooking Challenge is true and correct.

I hereby certify that I have read the competition information and rules, and I will accept and comply with rules as written, and accept the decision of the Judges as final.

I hereby certify that if selected as the first place winner of my preliminary round that I will be available to compete in the final round on Thursday, July 25, 2024 from 6pm-8pm.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA EXPOSITION AND STATE FAIR**

**California’s Kitchen  
2024 Letter of Understanding**

This Letter of Understanding is between CALIFORNIA EXPOSITION AND STATE FAIR, hereafter referred to as “Cal Expo” and \_\_\_\_\_ hereinafter referred to as “Demonstrator”.  
(Demonstrator’s full name)

Under this agreement, Demonstrator will participate as a competitor in the **Dinner 911! Cooking Challenge Preliminaries** in the Cooking Theatre, Building B, Cal Expo, 1600 Exposition Blvd, Sacramento, CA 95815 on the following Date(s) and Time(s):

- Thursday, July 25, 2024, \_\_\_\_\_  
(Round Time)
- Demonstrator agrees to appear on Thursday, July 25, 2024 from 6:00pm-8:00pm, should they win their Qualifying Round.

Demonstrator will provide all of the following for the above stated demonstration:

1. Contractor agrees to arrive for check-in at the backstage area of the classroom 30 minutes before the start of their demonstration(s).
2. Contractor will adhere to all food safety standards, which are enforced by the Sacramento County Environmental Health Division.
3. Copies of any distributed materials to be handed out during the fair. Submit to the Program Coordinator.
4. A completed Megan’s Law compliance form listing all individuals associated with the activities outlined in this agreement who will be backstage or interacting with fair guests. **\*\*Sworn officers and active military are exempt from this process.\*\***

Cal Expo will provide all of the following for the above stated demonstration:

- 1) Credentials for Fair entry, parking and any delivery appointments for above dates.
- 2) Mystery ingredient, basic pantry ingredients, tools, and demonstration kitchen.

Demonstrator and all participants agree to indemnify, defend and save harmless the State of California, California Exposition & State Fair, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by the Demonstrator and/or the Demonstrator’s paid or volunteer assistants in the performance of this Agreement.

Signature: \_\_\_\_\_  
Demonstrator

Signature: \_\_\_\_\_  
Contracts Manager  
**California Exposition & State Fair**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cal Expo Fairgrounds  
1600 Exposition Blvd.  
Sacramento, CA 95815

Phone Number: \_\_\_\_\_

Mailing Address:  
ATTN: CA Kitchen  
P.O. Box 15649  
Sacramento, CA 95852


Email Address: \_\_\_\_\_

CONTACT: Michelle Johnson  
[mejohanson@calexpo.com](mailto:mejohanson@calexpo.com)  
916-263-3189

CALIFORNIA EXPOSITION & STATE FAIR  
MEGAN'S LAW FORM

Cal Expo Contact Person:  
**Michelle Johnson, Programs**  
**916.263.3189**

One of the fundamental responsibilities of the California Exposition & State Fair (Cal Expo) is to protect the public. In 1998, Cal Expo implemented a policy requiring that all persons conducting business with, employed by, or volunteering at Cal Expo shall provide the necessary personal information to enable their names to be searched through the Department of Justice's Megan's Law files. This file consists of records of individuals convicted of specific sex offenses who are required by Penal Code Section 290 to register as sex offenders.

| Multiple Applicant Information  |           |                        |                           |               |
|---|-----------|------------------------|---------------------------|---------------|
| THIS FORM MUST BE COMPLETED LEGIBLY, WITH ALL INFORMATION REQUESTED, OR IT WILL NOT BE ACCEPTED.<br>SUBMIT TO THE CAL EXPO PERSONNEL OFFICE PRIOR TO THE EVENT. <b>**Sworn officers and active military are exempt from this process.**</b> |           |                        |                           |               |
| COMPANY/ORGANIZATION/APPLICANTS NAME SUBMITTING:  |           |                        | PRODUCT/SERVICE PROVIDED: |               |
|   |           |                        | Cooking Demonstration(s)  |               |
| REPRESENTATIVE FULL NAME  |           |                        | PHONE NUMBER              |               |
|   |           |                        |                           |               |
| TYPE OF BUSINESS/GROUP/POSITION (CHECK ONE):  |           |                        |                           |               |
| CONTRACTOR    CONSULTANT    CONCESSIONAIRE <input checked="" type="checkbox"/> EXHIBITOR    TENANT    VOLUNTEER    OTHER:   |           |                        |                           |               |
| PRINT CLEARLY. ALL ITEMS MUST BE COMPLETELY FILLED OUT AND LEGIBLE.   |           |                        |                           |               |
| BY SIGNING BELOW, I CERTIFY THAT THIS IS AN ACCURATE LISTING OF ALL PERSONS SCHEDULED TO WORK/VOLUNTEER FOR LISTED ORGANIZATION WITH CAL EXPO. FAILURE TO COMPLY WILL BE CAUSE FOR REJECTION OF THE ENTIRE APPLICATION.                     |           |                        |                           |               |
| REPRESENTATIVE SIGNATURE:   |           |                        | DATE:                     |               |
|    |           |                        | ____/____/____            |               |
| APPLICANT FULL NAME   |           |                        | DATE                      |               |
|   |           |                        |                           |               |
| DATE OF BIRTH:  | ZIP CODE: | DRIVER'S LICENSE/ID #: | ISSUING STATE:            | PHONE NUMBER: |
|   |           |                        |                           |               |
| APPLICANT FULL NAME   |           |                        | DATE                      |               |
|   |           |                        |                           |               |
| DATE OF BIRTH:  | ZIP CODE: | DRIVER'S LICENSE/ID #: | ISSUING STATE:            | PHONE NUMBER: |
|   |           |                        |                           |               |
| APPLICANT FULL NAME   |           |                        | DATE                      |               |
|   |           |                        |                           |               |
| DATE OF BIRTH:  | ZIP CODE: | DRIVER'S LICENSE/ID #: | ISSUING STATE:            | PHONE NUMBER: |
|   |           |                        |                           |               |
| APPLICANT FULL NAME   |           |                        | DATE                      |               |
|   |           |                        |                           |               |
| DATE OF BIRTH:  | ZIP CODE: | DRIVER'S LICENSE/ID #: | ISSUING STATE:            | PHONE NUMBER: |
|   |           |                        |                           |               |
| APPLICANT FULL NAME   |           |                        | DATE                      |               |
|   |           |                        |                           |               |
| DATE OF BIRTH:  | ZIP CODE: | DRIVER'S LICENSE/ID #: | ISSUING STATE:            | PHONE NUMBER: |
|   |           |                        |                           |               |