



DAVID CAMPBELL REGIONAL TROPHY 2021

Amicale Internationale des Directeurs, Sous-Directeurs et Chefs de Réception des Grands Hôtels

« Serving the world's premier hotels in the promotion of professional excellence »

APPLICATION FORM

Forward this form to the Competition Coordinator at concours@aicr-cotedazur.com. Your completed application form must be received before **the limit date October the 10th, 2020.**

Please note that all applicants **MUST** be a receptionist at the time of winning their Regional Competition. All application forms must be accompanied with the **candidates' CV with photo**. This form **must** be signed by the General Manager for validity.

Applicants are expected at the Regional Contest taking place at **Hotel Golf Château de la Begude , Opio on November the 6th, 2020.** Exact timing will be issued to each applicant in due time.

The interviews will be conducted in **English. Candidates** must attend in their **full work uniform** for their interviews.

All candidates must also be present at the Gala Dinner that will follow the contest, on the same date, where the winner of the David Campbell Regional Trophy will be announced.

The over- all- Winner should be available the following year for judging.

The winner will receive a specific training from the AICR Côte d'Azur members and partners and is required to attend the **International Competition to be held in Geneva from the 22nd until the 25th of April 2021**



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The General Manager of the Applicant's hotel allows the candidate to participate in this competition, and will give him the guidance and support needed.

Name and address of the Hotel:

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Applicant's Full Name and First Name:.....

Applicant's Title:

Applicant's e-mail address:.....

Applicant's Signature:.....

General Manager's Name:

General Manager's e-mail address:

General Manager's Signature:



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**Front Office Manager / Reception Manager/ Nominating
Manager to answer only**

Please give reasons below why you have chosen to recommend this applicant for the competition?

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Nominated by:

AICR Member's Name:

AICR Member's Title:

AICR Member's e-mail address:.....

AICR Member's Signature:

Date: