

Adult Registration Form

Name of Chef: _____

Class Attending : _____ Date(s): _____

Address: _____

Phone: _____ Cell: _____ Work Phone : _____

Email Address: _____ May we confirm registration via email? _____

Emergency Contact: _____ Phone: _____

Allergies? _____ If yes, what? _____

Anything else we should know? _____

How did you hear about us? _____

The (not so) Fine Print – PLEASE READ!

1. Registration is complete only upon the signed return of this form and full tuition is received.
2. RETURN THIS FORM WITH CHECK PAYABLE TO Maria Pelizzari:
Fork, Knife, Spoon Cooking, LLC
332 Belden Hill Road | Wilton, CT 06897
phone: 203.943.9955
www.forkknifespooncooking.com
3. Absolutely no refunds will be made for withdrawl after registration is complete.
No make-up classes.