

APPLICATION

Please specify which class you are signing up for:

AM

PM

PRACTICAL SERIES PASTRY PROGRAM

Last Name	First	Middle
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Street Address

City	State	Zip Code
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Home Phone	Work Phone
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Email Address

Are you in good physical health?	Yes	No	If no, please explain:
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Can you lift and carry 30 pounds?	Yes	No
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Do you have any food allergies?	Yes	No	If yes, please explain:
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Do you have any dietary restriction?	Yes	No	If yes, please explain:
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Name, Address, Phone Number and Relationship of person to contact in case of emergency:

Payment in full-- **Practical Series**-\$2,150 **Pastry Program**-\$1,050

Payment Plan---**Practical Series**- Deposit of \$500, then 6 payments of \$275 on the first class of each month---**Pastry Program**-Deposit of \$150, then 3 payments of \$300 on the first class of each month

Signature:	Date:
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CLASSIC COOKING

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