

Registration - Please Return with Your Payment

Name: _____

Contact Phone Number: _____

Email Address: _____

Allergies, dietary issues or medical conditions we should be aware of:

Billing Information:

Address: _____

(If Paying By Credit Card)

Credit Card Number : _____

Exp. Date: _____ CVC Code: _____ Billing Zip Code:

Early Registration Discounted Pricing (must be paid before September 30th 2018)

- \$1700 on the following date _____
- \$850 on the following dates _____ and _____

Regular Tuition (if registering after September 30th 2018)

- \$1850 on the following date _____
- \$925 on the following dates _____ and _____

If paying by check(s) please make the check payable to Cooking with Class

I have read and understand the tuition agreement and policies outlined in this document and I agree to comply with them. I authorize Cooking with Class LLC to charge my credit card in accordance with the above (if paying by credit card).

Please Sign: _____

Dated: _____