

APPLICATION

Please specify which class you are signing up for:

AM Start Time: _____

PM Start Time: _____

 PRACTICAL SERIES

PASTRY PROGRAM

Last Name First Middle

Street Address

City State Zip Code

Home Phone Work Phone

Email Address

Chef Jacket Size- Circle One

 XS S M L XL XXL

Are you in good physical health? Yes No If no, please explain:

Can you lift and carry 30 pounds? Yes No If no, please explain:

Do you have any food allergies? Yes No If yes, please explain:

Do you have any dietary restriction? Yes No If yes, please explain:

Name, Address, Phone Number and Relationship of person to contact in case of emergency:

Payment in full--**Practical Series**-\$2,500 **Pastry Program**-\$1,250 **Chef Jacket**- \$35

Payment Plan---**Practical Series**- Deposit of \$550, then 6 payments of \$325 on the first class of each month---**Pastry Program**-Deposit of \$275, then 3 payments of \$325 on the first class of each month

Signature:

Date:

CLASSIC COOKING

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