



REGISTRATION FORM

ADULT CLASSES

NAME _____

ADDRESS _____

HOME PHONE _____ WORK/CELL _____

EMAIL _____

COURSE NAME 1 _____ **FEE \$** _____

COURSE NAME 2 _____ **FEE \$** _____

COURSE NAME 3 _____ **FEE \$** _____

TOTAL \$ _____

Classes are filled on a first come, first serve basis. Email registration is preferred.
Taste & Technique reserves the right to cancel a program. Registrants will be notified by phone.

EMERGENCY CONTACT

NAME _____

PHONE NUMBER _____

Check • Please make checks payable to: Taste & Technique Cooking Studio

Credit Card (Visa and Mastercard only, please)

NAME ON CARD _____

CARD NUMBER _____ EXPIRATION DATE _____

SECURITY CODE _____ CHARGE AMOUNT: _____

Signature of Card Holder _____

Drop off or mail registration and payment to: 597 River Rd., Fair Haven, NJ 07704.