

Summer Camp Registration Form 2010

Student Information

Student 1: _____ Age: _____ Camp Dates: _____

Please Circle One: Classic Camp Baking & Pastry Camp Mom & Me
Advanced French Culinary Advanced Without Recipes

Student 2: _____ Age: _____ Camp Dates: _____

Please Circle One: Classic Camp Baking & Pastry Camp Mom & Me
Advanced French Culinary Advanced Without Recipes

Parent Information

Name(s): _____

Address: _____

Home Phone Number: _____

Work/Cell Phone Number: _____

Email: _____

Emergency Contact (other than parent)

Name: _____

Relationship to Student: _____

Phone Number: _____

Medical Information

Allergies: _____

Medications: _____

Does the student need to be given any of these medications during camp hours?

Yes No If so, directions: _____

Other health or Behavioral Concerns:

Blue Ribbon Culinary Center, LLC and its teachers has my/our permission to:

1. Take my child on walks ___ Yes ___ No
2. Take photographs of my child ___ Yes ___ No
3. Allow my child to use knives ___ Yes ___ No
4. Allow my child to use stoves and ovens ___ Yes ___ No

I, the parent of _____, understand and agree to the policies of the Blue Ribbon Cooking Camp.

Parent's Signature _____ Date _____

Blue Ribbon Culinary Center, LLC

Dinner Tickets

Tickets must be purchased by the second morning of camp for Graduation Meal. Please attach payment for tickets.

CLASSIC CAMP: The dinner begins at 6:30pm Thursday.

Adult Tickets: _____ @ \$40.00

Child Tickets: _____ @ \$25.00 (ages 12 and under)

BAKING & PASTRY CAMP: The dinner begins at 6:30pm Thursday.

Adult Tickets: _____ @ \$40.00

Child Tickets: _____ @ \$25.00 (ages 12 and under)

ADVANCED CULINARY CAMPS: The dinners begin at 6:00pm.

Tickets: _____ @ \$75.00 (limit 4 tickets per student)

Names of Guests:

1 _____ 2 _____ 3 _____

4 _____

Credit Card Charges

If parents wish to have any portion of their child's camp fees charged to a credit card, please fill out the portion below:

Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	
Name on Card:	Billing Address:
Card Number:	
Expiration Date:	
Security Code (last 3 digits on signature line):	
Charge: <input type="checkbox"/> Camp Fee in Full <input type="checkbox"/> Supply Fee <input type="checkbox"/> 50% non-refundable deposit <input type="checkbox"/> Dinner Tickets: ____ @ \$____ (adults) ____ @ \$____ (child 12 & under)	
Signature of Card Holder:	