



## Kid's Cooking School Registration Form

Chef's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Group 1 Ages 8-11**

**Group 2 Ages 12 +**

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Payment Method: I apologize for any inconvenience, but I am unable to accept credit cards at this time.

Cash check or money orders only.

Cash:

Check:

103 River View Drive

Littleton, NH 03561 · 603-444-5115

[www.nothyme2cook.net](http://www.nothyme2cook.net)

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