



Class Registration Form

First Name:

Last Name:

Address:

Email:

Phone:

How many classes are you registering for:

Name and dates of the class(es):

Number of people per class:

Comments:

Check amount: \$

CHECK MUST BE RECEIVED FIVE BUSINESS DAYS PRIOR TO THE CLASSES.

I have read and understand the cancellation policy from
www.MaldenBridgeChef.com website.

Date:

Signature:

Fill-out and sign this form and mail it with a check.

PLEASE NOTE:

CHECK MUST BE PAYABLE TO: **Supreme French Gourmet, Inc.**
CHECK MUST BE RECEIVED FIVE BUSINESS DAYS PRIOR TO THE CLASSES.

Please mail your check to: **Chef Jerry C. Mohr**
4491 State Route 66
Malden Bridge, NY 12115

We will inform you by email to confirm your registration.
www.MaldenBridgeChef.com