

Lil' Chef School

Private Cooking Class

Email: info@lilchefschool.com

Today's Date: _____ Date of Event: _____ Time: _____

Contact Name			
Address	Street:		
	City/State/Zip:		
Contact Numbers	Home Phone:	Cell:	Business:
	Email:		
Any Known Allergies/Concerns			

**We are a nut-free school and we can accommodate ONLY and ALL nut allergies. We cannot accommodate any other allergies and/or food restrictions. If children have gluten or dairy sensitivity they can participate but cannot taste. **

Number of Children participating in Event (estimate) _____ Final Head count* _____ *You will be contacted 3-5 days in advance for the final headcount. Please note that due to material costs purchased prior to your event, you will be charged the final head count on the day of your event.* Age Range of Children: _____ Menu Selection: _____
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*Total amount per Child: **\$25.00** (for a minimum of 20 kids) or **\$30.00** (for a minimum of 10 kids)*

Please read and Sign: \$100 security deposit is required upon booking

To secure your reservation, a credit card number is required at the time of booking. We will call to confirm number of guests expected two days before the date of the event. Please arrive no more than 15 minutes prior to the beginning of your party. The balance due can be paid on the day of the event in the form of 1 payment by cash, check or credit card. Rescheduling of a private class must be made at least 7 days prior to scheduled event, or a \$100 fee will be charged. Cancellations without at least 48 hours notice will be charged a \$100 cancellation fee.

Signature: _____ **Date:** _____

Credit Card Info	CC No:	3-4 Digit Security Code:	Card Type:
	Expiration:		
Office Use Only	Check No./Amount	Date Recvd:	