



Little Chefs

CULINARY CLUB

Application form

EVENT DETAILS

Event _____

Date/Time _____

Address _____

COSTS

Fee per child

- Packages available

Branded aprons for sale

- R130/apron (At least 2 week lead time needed)

Call out fee charged separately.

50% of invoice reserves date and time

PAYMENTS

Electronic Payments

FNB

MA du Preez

Account no: 62854255009

Branch code: 250655

Reference: Party/Event name

CONTACT INFO

Head Office:

Michelle 082 210 8919

littlechefsc@gmail.com

www.littlechefsculinaryclub.co.za

REGISTRATION BY FORM

Please send the completed form to
littlechefsc@gmail.com

- Child's Name _____
- Package selected _____
- Age range of children attending _____
- Name(Parent 1) _____
Cell _____
Email _____
- Name(Parent 2) _____
Cell _____
Email _____

I have read through the information and understand and accept the conditions. I hereby give permission for my child and the children at the party/event to receive cooking lessons and I take note of the costs involved and will settle the account. I am aware that Little Chefs Culinary Club cannot guarantee a completely allergen free atmosphere in this program and have chosen to allow my child(ren) to participate fully or partially despite this.

I give permission for pictures of my child to be used on social media: YES NO

FULL NAME _____

SIGNATURE _____

DATE _____