



CHEF'S TRAINING PROGRAM APPLICATION

(PLEASE PRINT)

DATE _____ CLASS START DATE _____

NAME _____ MALE FEMALE

STREET ADDRESS _____ APT. NO. _____

CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

HOME TELEPHONE (____) _____ CELL PHONE (____) _____

FAX (____) _____ EMAIL _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____

HOME TELEPHONE (____) _____ CELL PHONE (____) _____

REGISTRATION INFORMATION

BY 3/6/10
(\$2100/credit card)

BY 3/6/10
(\$2000/cash)

AFTER 3/6/10
(\$2300/credit card)

AFTER 3/6/10
(\$2200/cash)

PERSONAL EXPERIENCE

WHAT RAW FOOD CLASSES HAVE YOU TAKEN? (i.e., Food Preparation with Raw Soul) AND WHAT DID YOU LEARN?

DO YOU PREPARE RAW OR COOKED FOOD AT HOME? YES PLEASE DESCRIBE NO

PLEASE TELL US WHY YOU WISH TO TAKE THIS PROGRAM? WHAT ARE YOUR GOALS? WHAT DO YOU WANT TO ACCOMPLISH?

WORK EXPERIENCE—IF YOU HAVE WORKED IN THE FOOD SERVICE INDUSTRY, PLEASE COMPLETE THE FOLLOWING (OR ATTACH YOUR RESUME)

COMPANY	DATES OF EMPLOYMENT	POSITION HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONSENT AND RELEASE

I hereby consent that Raw Soul and its agents, employees, successors and assigns, may, for advertising or trade purposes, use any photograph, film, video tape or audio recording taken or recorded of me, either alone or in conjunction with photographs, films, video tapes or audio recordings of other persons, objects or materials. This consent includes the right to make alterations to and retouch photographs, films and recordings.

STUDENT SIGNATURE

INTERVIEWER SIGNATURE

STUDENT PRINT NAME

INTERVIEWER PRINT NAME

AMOUNT OF PAYMENT _____

PAYMENT METHOD _____