



Phone (202) 636-4300 Fax (202) 636-4339

Cooking Class – Client Contact Information

Name: _____

Home Phone: _____ Work Phone: _____ Best Time to Call: _____

Fax:: _____ E-Mail Address: _____

Address: _____

How would you rate your skill level? Beginner Intermediate Advanced

How often would you attend class? Once per week Twice a Week Three times per week

What type of class would you like to attend? Individual Small Group (1-5 people) Large Group (>5 people)

Personal Class Goals

Are you interested in a particular type of Cuisine? Yes No

If Yes, what kind? _____

Dietary Restrictions:
