**REGISTRATION FORM**

School or Organization:



Contact: Email address: Phone:

  

Location:



Payment method:[ ]  Credit [ ]  Cheque [ ]  Cash How did you hear about us?



**Program Options:**

[x] General Nutrition and Healthy Eating Workshop (1hr) [ ] Picky Eaters Workshop

\* Maximum of 30 students per presentation

Proposed Dates: 1st choice  2nd choice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time**(One hour intervals)** | Grade | **Quantity of Students** | Teacher | **Severe Allergies** |
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Additional Comments or Special Requests: 

*Please allow at least 1 week for cancellations. Cancellations after 1 week are subject to a $25 cancellation fee.*

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