Cooking Class/Event Registration Form

Please Register Early: All registrations must be received by A&S Culinary Concepts three (3) days prior to date of class /event.

Please Complete Registration Form with All Requested Information If completed in writing, please print clearly and provide all of the information requested to assure quick processing of your registration.

1. **E-mail:** Email completed registration form to classes@asculinaryconcepts.com.
2. **Drop Off:** Completed registration form can be dropped off at A&S Culinary Concepts, 9945 Jones Bridge Road, Suite 303, Johns Creek, GA 30022

Registrant Name:		Age, if child:	
E-mail: Home Phone: Cell Phone:		Food Allergies:	
Class/Event#:	Title:	Date:	Class/Event Fee: Tax (7%): Other: TOTAL:

Liability Waiver

For Adult Classes: I have read the terms and conditions as outlined in A&S Culinary Concepts Cooking Class Waiver Form found online at http://asculinaryconcepts/cookingclasses and acknowledge that I agree to them.

For Children Classes: I have read the terms and conditions as outline in A&S Culinary Concepts Parent/Legal Guardian Agreement form found online at http://asculinaryconcepts/cookingclasses/ and acknowledge that I have discussed them with my child and we both agree to them.

_____ _____

Adult/Parent/Legal Guardian Signature Date

I would like to pay for the above registrant, Total Amount = $_____ by: ☐Cash:_____ ☐Credit Card

Name on card:		
Address:	City:	Zip:
Home Phone:	Cell Phone:	
Type of Card: ( ) Visa ( ) Mastercard ( ) American Express Card Number:		Expiration Date:
Signature:	Date:	

For Internal Usage Only:

- ***Date completed_____, Initialed_____***

Please return this form via email to classes@asculinaryconcepts.com

FOR MORE INFORMATION, PLEASE CALL 678-336-9196