



Registration Form


PO Box 84023 Bainbridge Post Office, Burnaby BC V5A 4T9
 PH: 604-505-7444 Fax: 604-874-5321 Email: info@sproutingchefs.com

Registration for: (First) _____ (Last) _____ Age: _____
 Birth date: _____ Age as of July 1, 2009 _____
 Camper's Home Address: _____
 City: _____ Country: _____ Prov/State.: _____ Postal Code: _____
 PH: _____
 Parent/Caregiver Name (1): _____
 Work PH: _____ Cell PH: _____ Fax: _____
 **Email: _____

Parent/Caregiver Name (2): _____
 Work PH: _____ Cell PH: _____ Fax: _____
 **Email: _____

**** Help us reduce the use of paper by providing an email address and indicate which email is your family's primary email address for communications. Whenever possible, correspondence will be via email. To ensure you receive our emails make sure that info@sproutingchefs.com is not designated as "junk mail".**

Select	Camp	Dates	Age	Cost	Apron
<input type="checkbox"/>	Sprout Becomes a Chef	Monday July 6 to Friday July 10 th	10-16 yrs	\$350	\$375
<input type="checkbox"/>	Sprout Becomes a Chef	Monday July 13 th to Friday July 17 th	10-16 yrs	\$350	\$375

 **Sibling Discounts:** A family sending more than one child to camp (must be siblings), or one child attending more than one session is eligible for fee discounts (Cousins and friends are not eligible for this program).

 How did you hear about Sprouting Chefs? _____

Optional Sprouting Chefs Campership Contribution: If you would like to contribute an amount to go towards a fund providing the opportunity for campers who are less fortunate please contact us for more information.

Payment Calculator: Session Fee \$ _____ + Apron \$25 + Hat \$15 + GST (5%) \$ _____ = Total Cost \$ _____

PAYMENT TERMS: Camper fees include all food, equipment, supervision and activities during the session. Registration must be accompanied by a \$150 deposit. Full payment must be received by June 18th, 2009. There is a \$55 NSF charge Payments can be made via, cheque payable to Sprouting Chefs, Visa, or Mastercard.

Visa or Mastercard Payment:

Card Number: _____ Exp. Date MM ____ YY ____
 Cardholder's Name as appears on the card: _____ Total \$ _____
 Signature: _____