



MEMBERSHIP REGISTRATION FORM

Chefling Details

Name & Surname: _____

Age: _____

Birthday: _____

Date Joined: _____ Venue: _____

Cooking Studio Membership (tick if you are close to a studio) or National Membership (tick if no studios in your area)

NB! Please note any food allergies: _____

Parent Details

Name & Surname: _____

Cell no.: _____ E-mail Address: _____

Postal Address: _____

Code: _____



thank you!



FOR OFFICE USE ONLY:

Chef Hat & Apron Set

Uploaded to Database

R150 Membership Fee Paid

Cash

EFT

Credit Card

ON RECEIPT OF MEMBERSHIP FORM, WE WILL SEND YOU AN INVOICE FOR PAYMENT PURPOSES

HEAD OFFICE: TEL/FAX: 021 850 0102 E-MAIL: info@crazyconcepts.co.za

UNIT D39, OLIVE GROVE BUSINESS ESTATE, OU PAARDEVLEI RD, SOMERSET WEST

www.thecookingclubforkids.co.za