**Rachel Hine Cooking Class Registration Form**

Please complete this form in block Capitals, print, and return with your cheque to the address at the bottom of this form.

Classes are filled on a first-come, first served basis.

Payment is non refundable.

Student First name…………………………………… Last name…………………………………..

Address………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

DOB………………………………………………………………CONTACT NAME……………………………………………

Home Phone………………………………………………….Mobile…………………………………………………………..

Email……………………………………………………………………………………………………………………………………..

Class Title………………………………………………………………………………………………………………………………

Duration………………………………………………………………………………………………………………………………..

Dates…………………………………………………………………………………………………………………………………….

Fee……………………………………………………………………………………………………………………………

Any health issues/Disabilities…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....

Any Food Allergies…………………………………………………………………………………………………………………

Cookery experience, including courses attended…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

*Send with payment (cheques payable to Rachel Hine) to:*

Mrs Rachel Hine,

 ‘Hilltop’,

 3 Bluebell Lane,

 Macclesfield,

 Cheshire SK10 2JL