

JANIE'S KITCHEN CLASSES REGISTRATION FORM

Name: _____

Address: _____

City / State / Zip: _____

Email: _____

Phone: _____

Additional Attendees (name and phone):

Mail this completed form with payment (*checks payable to CCEUC*) CCEUC
232 Plaza Road, Kingston, NY 12401

Credit Card Payments:

Type of card (check one): Visa MasterCard

Card Number: _____ Exp. Date: _____ Month _____ Year

Amount to be charged: \$ _____ Name as it appears on card: _____

Signature (Required): _____

# of Attendees	Class
	Truffles
	Dumplings
	Crepes
	Texas BBQ
	Knife Skills
	Canning Jam
	Sushi Rolling
	Dehydrating
	Pasta