

Trine University Technology Center
498 E. Harcourt Road, Angola, IN 46703
Phone: 260.624.2420 x 101 - Fax: 260.624.2380

KIDS COOKING CAMP

CAMPER INFORMATION

Name: _____ Age: _____

Parent or Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Day or Cell Phone#: _____

Any Food Allergies: _____

Email: _____

CLASS INFORMATION:

Class Title: _____

Class Date: _____ Cost: \$80.00

PAYMENT INFORMATION:

-- Payment must be made at time of registration --

Form of Payment: Check VISA MasterCard Discover
(Please Choose One)

Card Number: _____ **V-Code:** _____

Name on Card: _____ **Expiration:** _____

Address of Cardholder: _____
(If different than above)

Signature: _____

*Please Note: All credit card information is destroyed after processing

Please fax to 260.624.2380 or mail the bottom portion with your payment to:

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