

REGISTRATION FORM 2024

Student's Full Name				
	Last	First	Midd	le
Date of Birth		Age		
School				
PARENT'S INFORMATIO	<u>N</u>			
Mother's Name				
Address		Phone		
Primary E-Mail address				
Father's Name				
Address		Phone		
Primary E-Mail address				
RE	GISTER TODAY!	Please indicate the camp	o(s) you are registeri	ng for:
Jr. Lit'l Cl	hef Culinary Camp	July 8 th -12th 2024	12 – 14 years	\$150
Lit'l Chef	Culinary Camp	July 22 nd -27th 2024	15 - 19 years	\$300
Spa Camp)	July15th-19th 2024	14 – 18 years	\$125
•	•	ulinary campers will receive Deadline for registration is	•	ull kits. Fu
Parent/Guardian Signate		 Date		

OR REGISTER ONLINE AT WWW.TCIHOSPITALITYADVENTURE.COM

FOR FURTHER INFORMATION CALL (649) 339-5787