

# Neighborhood Kitchen Registration Form

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

How many people are in your household?: \_\_\_\_\_

Do you have any allergies?:    YES        NO                    If yes, please list here:

\_\_\_\_\_

Do you have any other dietary restrictions?:

\_\_\_\_\_

Do you have any medical conditions that we should be aware of?:

\_\_\_\_\_

Would you like to claim the low income subsidy (50% off cost of session)?:    YES                    NO

What are some of your favourite foods and flavours?:

\_\_\_\_\_

What would you like to get out of this program?

\_\_\_\_\_

I give permission to Yellowhead Community Service to take photographs of me for the purposes of the YCS website, future YCS event displays/ advertising or for another reason as determined by YCS:                    YES                    NO

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Check this box to digitally sign this form: \_\_\_\_\_