



THE  
FRENCH PASTRY  
SCHOOL

**Registration**

*Guest Chef Master Class*

**The Registration Process:**

1. Please complete this application form and submit to The French Pastry School with 50% of the tuition as a deposit to secure your place (credit card deposits may be faxed, phoned, or mailed in).
2. The balance is due on the first day of the course. If you have any questions, please contact us at 312.726 2419.

You may register by phone, fax or mail:

*The French Pastry School*  
226 West Jackson Blvd., Suite 106  
Chicago, IL 60606

Tel: 312.726.2419

Fax: 312.726.2446

**Personal Information:**

\_\_\_\_\_  
FIRST NAME MIDDLE LAST

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
DAYTIME PHONE EVENING PHONE

\_\_\_\_\_  
CELL PHONE FAX

\_\_\_\_\_  
EMAIL ADDRESS

**Credit Card Information:**

Visa  MasterCard  American Express

\_\_\_\_\_  
CREDIT CARD NUMBER EXP DATE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
BILLING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

Please identify a person The French Pastry School might contact in an emergency:

\_\_\_\_\_  
FIRST NAME MIDDLE LAST

\_\_\_\_\_  
DAYTIME PHONE EVENING PHONE

**Which course are you registering for?**

\_\_\_\_\_  
COURSE TITLE AND INSTRUCTOR NAME

\_\_\_\_\_  
DATE

**Terms:**

*All ingredients and equipment for the class will be provided by The French Pastry School. A deposit of 50% is required to secure your place in the class. If you cancel prior to 15 days before the class begins your deposit will be refunded in full. Within 15 days of class the refund will be forfeited. Payment must be made in full on the first day of class by cash, check or credit card. The French Pastry School reserves the right to cancel or change the classes at any time.*

I certify that this information is true and complete to the best of my knowledge. I have read and I understand the terms of the application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE



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**Questionnaire**

*Guest Chef Master Class*

Please help us to better serve the needs of our students by taking a few minutes to answer the following series of questions. Please return this completed questionnaire with your registration form. We appreciate your input.

How did you hear about our courses?

- Brochure     Newspaper     Internet  
 Work     Postcard     Friend

Have you taken courses with us before?

- Yes     No

Do you take courses at other institutions?

- Yes     No

\_\_\_\_\_  
WHERE HAVE YOU ATTENDED THESE COURSES?

How often do you attend culinary courses during the year?

- 0-3     4-6  
 7-9     10 or more

Are there any other areas of pastry that you would like to learn about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a professional chef or cook?

- Yes     No

Are you an amateur seeking knowledge?

- Yes     No

Are you taking this course for:

- Pleasure     Business

Will your company reimburse you?

- Yes     No

\_\_\_\_\_  
WHAT COMPANY DO YOU WORK FOR?