

WORKSHOP REGISTRATION FORM

Please fill out the following information and mail with your payment.

CONTACT INFORMATION

Mr. Mrs.
Ms. Miss

CIRCLE PREFIX FIRST NAME LAST NAME

CHILD'S NAME

FIRST NAME LAST NAME AGE

ADDRESS

CITY / TOWN STATE ZIP CODE

DAYTIME TELEPHONE

Email: _____

WORKSHOP INFORMATION

Workshop Title: _____

Session Date: _____

Food Allergies (Please list any food allergies your child has):

PAYMENT INFORMATION

Workshop Fee **\$160** DUE CHILD'S FIRST DAY

DEPOSIT **\$60**

TOTAL DUE NOW **\$60**

I enclosed a check payable to Doorknock Dinner
in the amount of \$_____.

MAIL COMPLETED FORM TO:

Doorknock Dinner

53 First Parish Road • Norwell, MA 02061